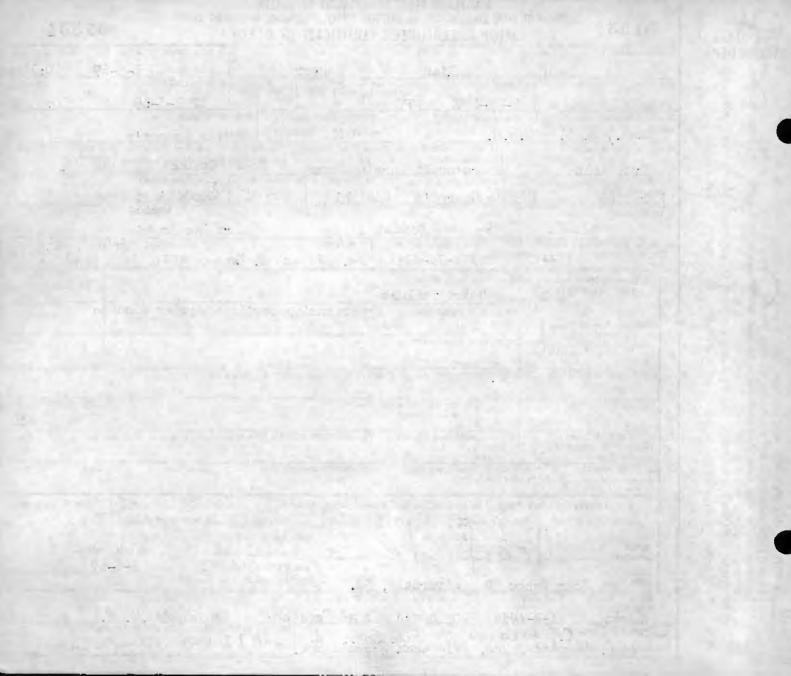
K-4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1334						
FOR STATE	0 1 3 3 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH							
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Tyl Month Day	Yeor 2b. HOUR						
2, and 3 ta PM3. Page	(Type or Print) Ruth Lillian Danser OF ESTI- DEATH MATED 1-5-69	1910:100						
Pag 34	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR						
del M3.	Female White 9-29-1891 77 YRS. DAYS HOURS MIN. Month 1-5-69	eor 1910:55pm						
P. P.	70. BIRTHPLACE (Stole or foreign 7h (117/EN OF WHAT COUNTRY) 9 MARPIED NEVER MARPIED 9 COUNTY OF NEATH	17201770111						
L E od	country Wash., D. C. U.S.A. WIDOWED ☑ DIVORCED ☐ Prince George's	M						
for total	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. K	CIND OF BUSINESS OR						
r death. In delay is ve Pages 1, 2, and 3 ta 3 with farm PM3. Page the State Department of	Greenbelt Greenbelt Nursing Home during most of working life, even if retired.) INPUS	TRY/t.						
Give ong that	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a. STREET AND NUMBER							
hours after death. Item 18. Give Pages 1, Office along with farm Land 2 with the State. De	Marvland Prince George's Adelphi VES NO D X Riggs Road							
hours Item 10 Office I and 2	14. FATHER'S NAME First Middle Lost I.S. MOTHER'S MAIDEN NAME First	Lost						
	Louis Leddon Josephine Lomax							
hin 24 nail in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Adolph	i. Md.						
	(Yes, no., or unknown) (If yes give wer or darles of service) 578-30-6295 Mr. William B. Danser 9537 Rigas R	Poad						
_ CW \ L	To cause of pearly transport and the first and the second	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
wecuted in Medicar in Permit. Fi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure	SETWEEN UNSET AND DEATH						
V 10-	00 DUE TO, OR AS A CONSEQUENCE OF Hypertensive cardio vascular disease							
pend pend iief Me iief Me ansit pe	Canditions, if any, which gave							
vard ne Ch	rise to immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF							
shauld be e ne ward "per to the Chief I burial-transit I in any ever	lost.							
s certificate shauld be even writing the ward "pen farwarded to the Chief Mercanded as a burial-transit permaval, and in any event	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)							
fica ing rdec as								
INER: This certificate, writing should be farward files. 3 shauld be used a shauld be used a shauld ar remaval,		20. AUTOPSY?						
This create, be for a remar rem	WAS PERFORMED?	YES NO 🔀						
ER: This certificate, ould be for es. should be to ian, ar ren	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.))						
AMINER: the certified 4 should rour files. age 3 should cremation,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 12 to PLACE OF INJURY (At home form street) 21f. IOCATION Street or R.F.D. No. City or Town Country of Countr							
	fee 1 of D	inty State						
JICAL EXAMINER: lease execute the certi- director. Page 4 should etained far your files. DIRECTOR: Page 3 shou ir ta burial, crematian.	WHILE NOT WHILE AT WORK AT WORK AT WORK							
Paceu	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	and in my apinian						
e executor. Poed far ed far burial	death resulted fram: Natural Causes 2, Accident , Suicide , Hamicide , Undetermined manner							
direct direct retains on to be	CHIEF MEDICAL EXAMINER							
	ACTUAL SIGNATURE 22b. DATE SIGNET	o						
Ssary, I funeral ay be r	EXAMINER'S DEPUTY MEDICAL EXAMINER 🔯 1-6-69							
	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)							
the S m S Head	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Count	ty) (State)						
	Kurrel 1-0-1060 [ONGRESSALONG! (OMOREN) [WASHINGTON]). (
	Warner & Durinham One 8434 Contain Alie Date AN 13 1969. Climber							
VR A15ME (5)	Warner & Durnhrow and 8434 Good Congret Ave DATE AN 13 1969 Cliente	Ludat						



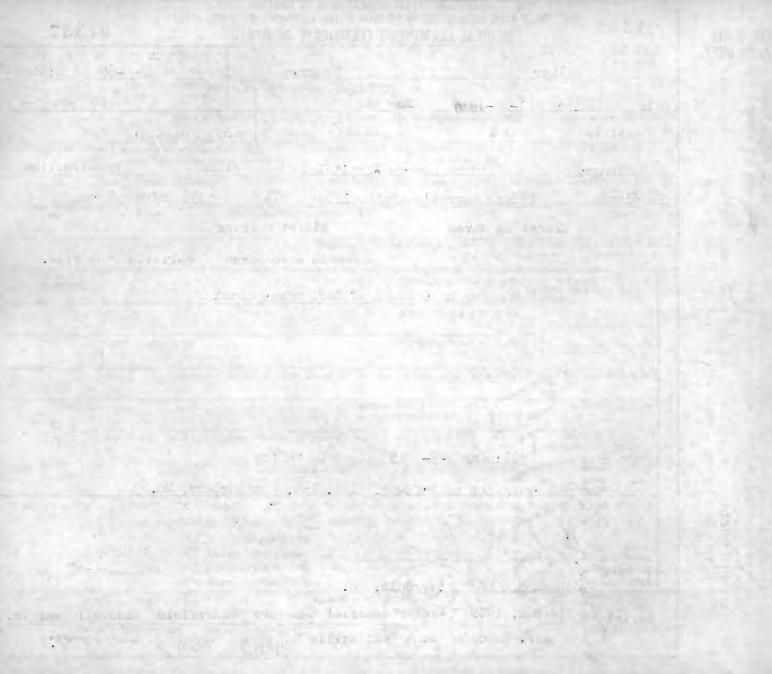
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		01339	DIAIZIO	N OF VITAL RECORD		ATE OF DEATH		KTLAND 21201	0133) 5
nerol and 2 death.	1. DECE	ASED-NAME Firs	t	Middle	GENTIN PO	Lost	2a. DATE OF	DEATH	0100	2b. HOUR
funerol 1 and 2 ter death.		or south	olyn	A.	Da	rcey	200	Month 2	7 Year 9	100
	3. SEX	961	4. RACE	110		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Female		White		Nov 6, 100	1921	last birthday)	MONTHS DAYS	HOURS MIN.
1	a. BIR	THPLACE (State or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MADDIED E	NEVER MARRIED	9. COUNTY OF		1	-
1	count	ansas		S.	WIDOWED		Prince	Georges		M
		OR TOWN OF DEATH		11. NAME OF HOSPITAL OR	INSTITUTION (If no	Ave. See	ISUAL OCCUPATION	(Kind of work done life, eyen if retired.) REET AND NUMBER	12b. KIND OF INDUSTRY	BUSINESS OR
	3a. US admissi	UAL RESIDENCE (Where december) STATE Md.	ased lived, if 13b. CO	institution: Residence befor	e 13c. CITY OR	TOWN 13d, INSIDE CO	NO ☐ 740	REET AND NUMBER 1 New Ham	pshire f	que.
Ī	14. FA1	HER'S NAME U. Firstour	kable	iddle Lost	1S.	MOTHER'S MAIDEN NAM 1. Anna Pu	E First	Middle		Last
1	16a. W	AS DECEASED EVER IN U.S. AL	RMED FORCES	16b. SOCIAL SECURIT		FORMANT		Address	2	
	YA	ga, ar unknawn) (II yes givi	wor or dates of se	509 AS 8	512 Mr	M. Anna	Purkable	7401 Nem	Hannsh	ine Aug
f	1	B. CAUSE OF DEATH (Enter of	only one couse	per line far (a), (b), and	(c).)	Hy	attsvill	e. Md.	PPROXI	MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUS	ED BY: HATE CAUSE (o	11.4.0	LE Se	LEROSIS		7 - 7-	JAN	150
		340 X		O, OR AS A CONSEQUENCE O					101	
		anditions, if any, which gave		b)						
		se to immediate couse (a) ating the underlying couse		O, OR AS A CONSEQUENCE	OF T					- 10
		st.	1	(c)						
	F	ART 2. OTHER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIVE	N IN PART I(a)		
I	NO				-					
I	CERTIFICATION	a. DATE OF OPERATION 19	condition i	OR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	CAHETE	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING
1	ERTIF	ACCIDENT MAC INC.	IMO Tool		Tax -	YES NO				
		a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI	ATH HOU	TIME OF INJURY R A.M. Manth Day Ye		N INJURY OCCURRED (E	inter nature of inju	ry in Part 1 ar Part 2	, Item 18.)	
ı	ă	either, natify medical exam	niner)	P.M.	19					
		1d. INJURY OCCURRED 21 While Not while work	e. PLACE OF II	JURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	21f. LO	ATION Street or R.F.D.	Na. City	or Town	Caunty	Stale
١	2	2a. I certify that (I) (1	his hospita	l) attended the decea	sed fram		902, to_	1/27,1	9 69 , that	(I) (we) lo
		2a. I certify that (I) (1 saw the deceased	alive on_	JAN-19	19 59 , ond	that in (my) (our)	opinion death o	occurred on the d	lote ond hour	ond from th
I		couses stated above	/e, /// (we)	(did) (did not) view the	e body after d	eoth.				
1	12	2b. SIGNATURE	Yo Vo	Make.	DEGRE	ATTENDING PHYS.	MED. DIRECTOR	STAFF -	DATE SIGNED	160
	2	d. PHYSICIAN'S	co	1	DEGKE	PHYS. 44	DIKECTOR L	PHYS.	1011	0/
	2	NAME (Type) LE	Roy	ROBIN	15	248	0 - /	STK ST	NW	
ŀ			. DATE	23c. NAME C	OF CEMETERY OR	REMATORY	23d. LOCATIO	ON (City ar Tawn)	(County)	(State)
-		EMOVAL (Specify)	ebn1.	1969 Green	wood Ce	metery	Eurek	a. Kansas		
ı	24. FJ	NERAL DIRECTOR	-1500	ADDRE	SS		D BY REGISTRAR	2Sb. REGISTRAR	'S SIGNATURE	1. 1.3
l	Ū	Varner E. Pun	ymrey	34. 8434 G	a Shue	Md DAJA	N 3 0 196	39 jillia	May Your	94

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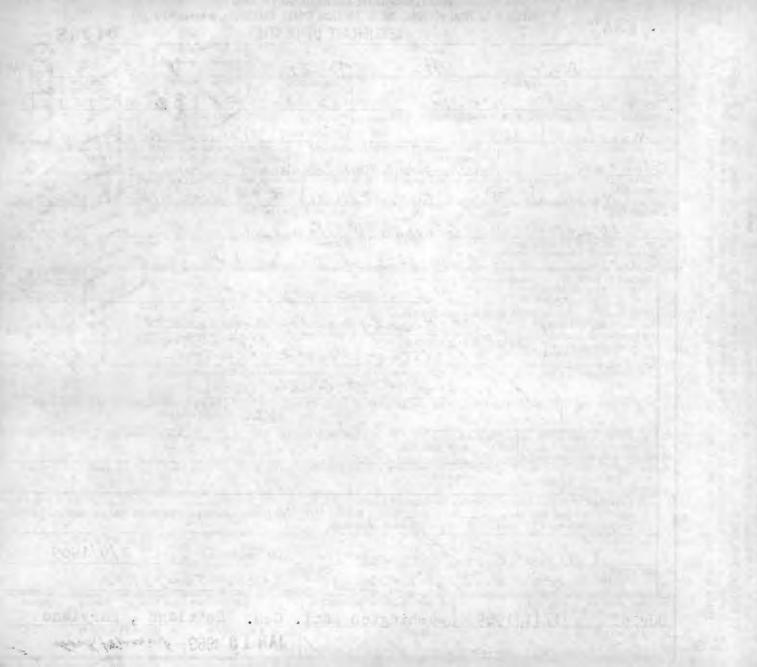
la - 1	1	DIVISION O		PRESTON STREET, BALTIMO		
		01340		ICATE OF DEATH	KE, MARTLAND ZIZUI	01336
oth.		EASED-NAME First pe or print)	Middle	Lost 20	DATE OF DEATH Month Dov	Yeor 2b. HOUR
de de		Marv	M Da	rgan	Jan	1 -1969 4.00 4
fter fter fter	3. SE	4. RACE		5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN
2 2 2		Female White		3 Dec., 1887		MUNITS UNTO HOURS MIN
100	70. E	RTHPLACE (State or foreign 7b. CITIZEN OF V	HAT COUNTRY? 8. MARRIE	D NEVER MARRIED 9. CO	OUNTY OF DEATH	
4 (= 22	COUR	"Ireland USA	WIDOWE		wines Coomes	Md.
the death certificate be executed within 24 hours after death, the attending aphysician and completely filled in by the funeral sit permit. Then preuse remove carbon paper. Pages 1 and 2 nation, or removal, and in any event, within 2 hours after death.		Y OR TOWN OF DEATH	NAME OF HOSPITAL OR INSTITUTION (I	If not in hospital 120, USUAL OC	rince George CUPATION (Kind of work done working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
The boy	_	Cheverly ISUAL RESIDENCE (Where deceased lived, if institu	Prince Geo, Ge	n Hosp. N	working life, even if refired.)	
ple contract	13o.	ISUAL RESIDENCE (Where deceosed lived, if institu- sion) STATE 13b. COUNTY	tion: Residence before 13c CITY	OR TOWN 13d, HISIOE CITY LIMITS?	ousewife 13e, STREET AND NUMBER 9601 Under	
eve leve		TORC Md	Pr.Geo. Sea	brook YES NO	Series Apparature in the series of the serie	Mood Street
on)	14. F	THER'S NAME First Middle	Lost	IS, MOTHER'S MAIDEN NAME First	Middle	lost
be or in		James Kenny		Flicabath	Come	
and and	160.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO. 17	Elizabeth	Address	
The state of	Y	s, no, or unknown) (If yes give will or dates of service)		Andrew M.Dar		Ve
that the death certifican. by the attending bhys transit permit. Then permit or removal,	H	CAUSE OF PEACH (See a			11 1 ABO	APPROXIMATE INTERVAL
Ter Ter		B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (o), (b), and (c).)			BETWEEN ONSET AND OFATH
equires that the death physician. signed by the attendi burial-transit permit. burial, crematian, or ri		IMMEDIATE CAUSE (o)	Acute Coronary	Thrombosis		
aft an,		4101 DUE TO, OR	AS A CONSEQUENCE OF			
the the sit		Conditions, if ony, which gove (b) (b)	Sclerosing Cord	onary-Artery Dise	ease	
			AS A CONSEQUENCE OF			
equires thorphysician. signed by burial-trans		ost. (c)				
physicic physicic signed burial-t burial, c		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB	JTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART I(a)	
ATENDING PHYSICIAN: The low requires that the death etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending shauld be detached far use as the burial-transit permit, with the State Dept. of Health prior to burial, cremation, or re		CANCAM	N5 - N+	nt		
or t	TION	90. DATE OF OPERATION 19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health prior ta burial, cre	CERTIFICATION	The Condition of the	THE STREET CHANGE OF THE STREET	YES NO 🗆	CAUSES OF DEATH?	PHYSICIED III CEVILLINO
use h	ERTI	To. ACCIDENT WAS UNDERLYING 216, TIME (TAN TAN TAN			. 163
far		OR CONTRIBUTING CAUSE OF GEATH HOUR A.M.	Month Doy Year	HOW INJURY OCCURRED (Enter note	re of injury in Port 1 or Port 2, If	tem 18.)
t po	MEDICAL	If either, notify medical examiner) P.M.	19			
or see	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTORY.) 21f.	LOCATION Street or R.F.D. No.	City or Town	County State
thin det		While Not while twork at work		1. 1	1 /	
ter tot			ended the deceased fram_	12/3//68,19	, ta 1/1/64, 19	, that (I) (we) last
d to		22a. I certify that (I) (this haspital) att	169 19 ,0	ind that in (my) (aur) apinian	death accurred an the dat	te and have and fram the
8		causes stated abave, (I) (did	(didas) view the bady after	r death.		
A STATE OF THE STA		22b. SIGNATURE		ATTENDING/ MED	CTAGG 22c. D	DATE SIGNED
be 7		10-1130	amende	GREE PHYS. MED. DIRECT	OR PHYS.	1-69
O HOSPITAL Page 4 moy 1 O FUNERAL D director, pag shauld be fill		2d. PHYSICIAN'S		22e. ADDRESS		
ER I		NAME (Type) D. B. Cameron	M.D.			
Page 4 moy be retoined O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	23n.	RURIAL CREMATION 23b DATE	23c. NAME OF CEMETERY (OR CREMATORY 23a	LOCATION (City or Town)	(County) (State)
dire she	1	REMOVAL (Specify) Burial 1/4/66		t Cemetery	Washington,	
-	24.	INFRAL DIRECTOR	2239004	2So. REC'D BY REC		SIGNATURE
VR A15 (4) 45M - 1/69	4	asTRyan, Inc. Algen	8V. 317 Pa.A.	0.75	15/19 1	will Junglan
42M - 1/09	1	assingan, Inc.	Jan Idean	re, SE DATE JAN	6 1969	0

Marie Control of the to the late , but a section of the s w characteristics sabiental commence and series because years and the services are deprended to the services of the services without and the 527-12-2166A Address M. Nebraud- II Fribove The anticomposition of the second sec purposition of the equipment of the execution Fuel I was a series of the ser . D. C. (Sevent hard grouped say) (D. 11. D4 15. \1) (T. 17.) That I was at Tie or all on I meditions

	01341 DIVISION O	OF VITAL RECORDS, 301 W. PRESTO	ON STREET, BALTIMORE, MARYL	AND 21201				
FOR STATE	U134-	MEDICAL EXAMINER'S	ERTIFICATE OF DEATH		01337			
HEALTH DEPT.	1. DECEASED-NAME First	Middle	Lost	20. DATE KNOWN Month	Doy Yeor 2b. HOUR			
± e o ≥.	(Type or Print) Walter	0	DeHaven	OF ESTI- DEATH MATED 11-4-6	9 12:30pm			
ay is 3 ta Page ent af		S. DATE OF BIRTH 6. AGE (In years		2c. DATE PRONOUNCED DEAD	2d. HOUR			
delay and 3 M3. Pag thment		[ast birthelay]	MONTHS DAYS HOURS MIN.	_Month , Doy	Venz			
- A	Male White 70. BIRTHPLACE (Stote or foreign 7b.	1-14-1640 28 YE		LI LI	69"192:30pm N			
iny delay is 7 and 3 ta 7 and 3 ta 7 and 3 ta M3. Page Department af				NTY OF DEATH				
2 2 2			DOWED DIVORCED Pr	ince George's	W			
after death. 8. Give Poges, alang with the State with the State leath.	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION	IN (If not in hospital 120, USUAL OC	CUPATION (Kind of work done	12b. KIND OF BUSINESS OR			
after dea 8. Give Po alang with with the Si death.	Cheverly	give street oddress) Prince George Ho	ospital Wel	working life, even if retired.)	onstruction			
alang death.	130. USUAL RESIDENCE (Where deceosed	lived, if institution: Residence before 13c. (1)	Y OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER				
18 de 18 de	pdmission) STATE	rince George's Hyatt	sville YES X NO	5355 Quincy S	treet			
haurs Item 1 I and 2 officer d	14. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost			
7 5 0 0		t De Haven	Violet B Pric	e				
hin 24 niner niner pages hours	160. WAS DECEASED EVER IN U.S. ARMED FOR		17. INFORMANT	ADDRESS				
d within 2 in pencil ii Examiner File page:	(Yes, no, or unknown) (If yes give war a	or dates of service)	Joseph E De Haver	n Marietta	Georgia.			
shauld be executed with the ward "pending" in pera the Chief Medical Exarburial-transit permit. File I in any event within 72	IB. CAUSE OF DEATH (Enter only o	ne cause per line for (a) (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ute iral	PART I. DEATH WAS CAUSED BY	one cause per line for (a), (b), and (c).) Y: CAUSE (a) Gun shot wound	of left unner ches	st.	BETWEEN ONSET AND DEATH			
be executed "pending" in ief Medical E insit permit. F event within	915V	DUE TO, OR AS A CONSEQUENCE OF	02 2020 00000					
ef le e	Conditions, if ony, which gove							
P P P P P P P P P P P P P P P P P P P	rise to immediate cause (a),	(b)		****				
rould be executed "ward "pending" if the Chief Medical rial-transit permit.	stoting the underlying couse	bot 10, or as a constructive of						
sh he ta pu pu pu d ir		(c)	TO THE TOURISH DISTRICT OF SOURCE OF	M. Carlotte and A. M.				
This certificate should cate, writing the ward be farwarded to the Che used as a burial-train removal, and in any	PART Z. OTHER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART I(0)				
riffi and a val.	190. DATE OF OPERATION	196. CONDITION FOR WHICH O	DEDATION		20. AUTOPSY?			
his certif ate, writi e farwar be used removal	S I W. DAIL OF GERMAN	WAS PERFORMED?	TRAITON		1			
ER: This certificate, auld be fault be to hauld be unique, ar rerigion, ar rer	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	21b, TIME OF INJURY Month, Doy, Year	AL DOWN HOURY OCCUPATE OF	(2) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	YES NO			
# _ 20 0	PRIMARY OR CONTRIBUTING	HOUR A.M.	21c. HOW INJURY OCCURRED (Enter notur	e of injury in Port I or Port 2, Ite	m 18.)			
INER: e certifi shauld files. 3 shauld atian, c	CAUSE OF DEATH	HOUR A.M. 11:50mm 1-3- 168	Shot by police					
the the sland of t	The state of the s	LE OF INJURY (At home, form, street,	21f, LOCATION Street or R.F.D. No.	City or Town	County State			
L EXA ecute Page or yau R: Pag	AT WORK LAT WORK Park	ing lot of Safeway.	51st. Ave. Bladen	sburg, Md.				
ical Examiner: e execute the certicar. Page 4 shauld ted for your files. ECTOR: Page 3 shaul burial, cremation,	22a. I certify that I took	charge of the remains described abo	ve, held an Autopsy 🔀 , 🛚 Ins	pectian X, Inquiry	, ond in my opinion			
Da paba	death resulted fram:	Malural capses Accident,	Suicide , Hamicide X	Undetermined manner				
please direct retains OKE	1-6	m/ 7)	CHIEF MEDICAL EXAMINE	R \square				
y, ple gral di oe reto (Al. D) prior	ACTUAL SIGNATURE	Refer	M.D. ASSISTANT MEDICAL EXA		IGNED			
UTY Derry De pe	EXAMINER'S	7/	DEPUTY MEDICAL EXAMI	NER 1	-6-69			
no DEPUTY DICAL EXAM necessary, please execute the the funeral directar. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem		ehoe MD Riverdale,						
the Hee	230. BURIAL CREMATION. 1 23b. DA	TE 23c. NAME OF CEMETER	Y OR CREMATORY 23d.	LOCATION (City or Town)	(County) (State)			
			norial Cemetery R					
	24. FUNERAL DIRECTOR		2So. REC'D BY REG	GISTRAR 2Sb. REGISTRAR'S S	IGNATURE			
VR A15ME (5)	I.	Gasch's Sons yat	ttsville Md DAUAN 9	1969 Humane	En Judge			
10M REV. 1/68	Control of the last of the las		C NI NUAU	1000	(/			



			DIVISION OF V	ITAL RECORDS, 3	01 W. PRESTON STREET, BAL	TIMORE, MARYLAND 212	01	
		01340		CI	RTIFICATE OF DEATH		01338	9
÷ _2+	1. D	ECEASED-NAME Firs	t	Middle	Lost	20. DATE OF DEATH		2b. HOUR
death.	((ype or print)	rV	H.	Dent	Month	Day Yeor	8:07AM
offer offer offer	3. 5	Х	A. RACE		5. DATE OF BIRTH	6. AGE (In year lost birthday)	S IF UNDER 1 YEAR	IF UNDER 24 HRS.
CO September 1	F	emale	wh	ite	12-3-1	8 98 8 BO	YRS. MONTHS DAYS	HOURS MAN,
hours s. Po	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHA	T COUNTRY?	MARRIED NEVER MARRIED	9. COUNTY OF DEATH		
1 in 1 in 72 h	£ÓUI	Maryland	45		WIDOWED DIVORCED	Prince Ge	orge	Md.
in 2 iller pag bin	10, (ITY OR TOWN OF DEATH	11. NAN	E OF HOSPITAL OR INSTI	TUTION (If not in hospital 120. US	UAL OCCUPATION (Kind of work	done 12b. KIND OF E	BUSINESS OR
at be executed within 24 hours cition and completely filled in by lease remove carbon papers. Po and in any event, within 72 hours	10	linton	Pine	eet oddress) View Garden	s Health Care dente	mast of working life, even if reti Housew	red.) INDUSTRY	
ad v	130.	USUAL RESIDENCE (Where dece	and it was to the sale at a		13c, CITY OR TOWN 13d, INSIDE CITY	LIMITS? 13e. STREET AND NUMBI	R	
omp ove o	oum	ssion) STATE (Where decer	A 13b. COUNTY	nce heare	e Friendly YES	11005 6/d	Port Ro	±
and and in any	14.	ATHER'S NAME First	Middle	Lost of	IS. MOTHER'S MAIDEN NAME	First Mide	dle	Last
8 6 8 5		Waste		Gibbon	s Sara	-b R	not Kn	own
sicion and and		WAS DECEASED EVER IN U.S. AF es, no, or unknown) (If yes give	tMED FORCES?	6b. SOCIAL SECURITY NO	17. INFORMANT	Addr	ess	
ohys		410		577-68-76	92 S. Taylow	KN		
t the death certificate the attending physician sit permit. Then please nation, ar removal, and		18. CAUSE OF DEATH (Enter of	only one couse per line	for (o), (b), and (c).)		. ,	BETWEEN ON	NATE INTERVAL NSET AND DEATH
eath andi		PART I. DEATH WAS CAUS	HATE CAUSE (a)	Cler	der arr	st.	5-01	rento
attendi permit. ian, ar r		4360	DUE TO, OR AS	A CONSEQUENCE OF	1.200	0. ~	111	1
that the dan. by the att ransit pen		Conditions, if ony, which gove rise to immediate couse (o)	(0)	Grbere	repaseur a	cuans	172	aliza
that than the dan. by the transit cremat		stoting the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF	202 1 K	grellian	311	-0
equires the physician signed by burial-trai	П	lost,) (c)	aren	vscent c	RULLER	- Dig	
0		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT	RSLATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(6)	_	
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o o o o	CERTIFICATI	190. DATE OF OPERATION	S. CONDITION FOR WHIC	I OPERATION WAS PERF	YES NOT	Y CAUSES OF DEATHS	INOS CONSIDERED IN CE	KIRTING
AN: The of or at itself har use Health	CERT	21o. ACCIDENT WAS UNDERLY	ING 21b. TIME OF I	MIIIPY	21c. HOW INJURY OCCURRED (Ent		ort 2 Item 181	
IAN file of file of file of file of	3	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	Month Day Year	Elst town thought weedings fair	or normally in row vor	or all trains tony	
by the haspital ar the retrieved for use detached for use states.	ME	21d. INJURY OCCURRED 21	niner) P.M.	T HOME, FARM, STREET, FACTO	(RY.) 21f. LOCATION Street or R.F.D. N	lo. City or Town	County	Stote
PH he h this this letac		While Not while at work	(0	DEFICE BUILDING, ETC.				
by the fifer the dispersion of		22a. I certify that (!) (t	his haspital) atter	ded the deceased	fram, 19_	, ta	, 19, that	(I) (we) last
= - × - 0	П	saw the deceased	alive an	19	fram, 19_ , and that in (my) (aur) a	pinian death accurred an t	he date and havr (and fram the
A Supering	ь	causes stated above	/e, (I) (we) (did) (c	lid nat) view the b	ady after death.		22c. DATE SIGNED	
OR ATTENE be retained bIRECTOR: A pe 3 should ed with the		22b. SIGNATURE	1,6	Tom.	DEGREE PHYS.	MED. STAFF	1/9/196	Q
4 — 0/==		22d, PHYSICIAN'S	gen	Cujjan	DEGREE PHYS. 22e. ADDRESS	DIRECTOR L PHYS. L	1///1/0	
RAI Pe		NAME (Type)	9LFRB.	D R.LA	APIN m	UNTON, 1	no	
OSP ONE octor	230	BURIAL, CREMATION, 23b	. DATE	23r NAME OF CE	METERY OR CREMATORY	23d. LOCATION (City or Town) (County)	(Stote)
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the	R	Designation of a	/11/1969		ngton Natl. Cen			
	24.	FUNERAL/DIRECTOR		ADDRESS	2So., REC'D	BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE	
VR A15 (40) 30M REV. 148	a	rehart June	al Home	dry - Z	a Clote my DAMAN	10 1969 100	miles Judg	j.a.
11.1								



, ;	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	2134. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01339
HEALTH DEPT.	1 DECEASED NAME First Middle Last 2a DATE KNOWN X Month Day Year 2b HOUR (Type or Print) 1 DECEASED NAME First Middle Last 2a DATE KNOWN X Month Day Year 2b HOUR 2D - 22 DATE KNOWN X Month Day Year 2b HOUR 2D - 22 DATE KNOWN X Month Day Year 2b HOUR 2D - 22 DATE KNOWN X Month Day Year 2b HOUR 2D - 22 DATE KNOWN X Month Day Year 2b HOUR 2D - 22 DATE KNOWN X Month Day Year 2b HOUR 2D - 22 DATE KNOWN X Month Day Year 2b HOUR 2D - 22 DATE KNOWN X Month Day Year 2b HOUR 2D - 22 DATE KNOWN X MONTH DAY YEAR 2D - 22 DATE KNOWN X MONTH DAY YEAR 2D - 22 DATE KNOWN X MONTH DAY YEAR 2D - 22 DATE KNOWN X MONTH DAY YEAR 2D - 22 DATE KNOWN X MONTH DAY YEAR 2D - 22 DATE KNOWN X MONTH DAY YEAR 2D - 22 DATE KNOWN X MONTH DAY YEAR 2D - 22 DATE KNOWN X MONTH DAY YEAR 2D - 22 DATE KNOWN X MONTH DAY YEAR 2D - 22 DATE KNOWN X MONTH DAY YEAR 2D - 22 DATE KNOWN X MONTH DAY YEAR 2D - 22 DATE KNOWN X MONTH DAY YEAR 2D - 22 DATE KNOWN X MONTH DAY YEAR 2D - 22 DATE X MONTH DAY YE
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ny del 2, and PM3.	male white 8-7-/898 70 vRs 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
n Pr	70 BIRTHPLACE (Stote or foreign 70. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
hours ofter deoth ony deloy is tem 18 G ve Pages 1, 2, and 3 to Office along with form PM3. Page land 2 with the State Department of ofter deoth	Virginia U.S.A. WIDOWED DIVORCED Frince George's Md
hours ofter deoth them 18 G ve Page Office along with and 2 with the Stafi	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) 12 USUAL OCCUPATION (K not of working life, even if retired) 13 INDUSTRY 14 USUAL OCCUPATION (K not of working life, even if retired) 15 INDUSTRY
p a d / y	Cheverly Prince George's Hospital Optician Kann's Dept
s ofte 18 G along 2 with deoth	
d2v	Md. 1.5. Lit. Rainier "State" 4207 Bastern Avenue
them 18 Office Office offer d	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
24 in ris ess	Samuel T. de Shazo Sara Hurst 160 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS
within 24 pencil in xaminer's ye poges 72 hours	(Yes no or unknown) (West que une or defer el canue)
d be executed of "pending" in Chief Mentor Etransit permit. Fire years within	18. CAUSE UP DEATH (Enter only one cause per line far (a), (b), and (c)
e execu pending ef Merri ssit perm	IMMEDIATE CAUSE (o) Heart Fallure
"pend "pend nief M unsit p event	Canditions, if any, which gave) Arterioscleratic Heart Disease
d be d "pe Chief rransit	rise ta immediate cause (a).
should be to word "per to the Chief or the Chief buriol-transit I in ony ever	stoting the underlying cause DUE TO, OK AS A CONSEQUENCE OF
she v he v to fl buri	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
This certificate should icote, writing the word be farworded to the Cl do be used as a buriot-tru or removal, and in ony	
This certific icote, writing be farworded as do be used as or removal,	9a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b. T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
Trem for 5	WAS PERFORMED? YES \(\text{NO } \(\text{Z} \)
= = = 0	21a EXTERNAL CAUSE WAS 21b. T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
(AMINER: 1 te the certrfic te 4 should Equal tiles. your files. cage 3 should cremotion, o	CAUSE OF DEATH P.M. 19
he share mot mot ass	and the state of t
CCAL EXAMINER: se execute the cert sctor. Poge 4 should ned for your files. ECTOR: Poge 3 should burial, cremotion.	WHILE NOT WHILE TO TOCTORY, Office building, etc.)
DEPUTY SICAL EXCESSARY, please executive for the following the following may be retained for private DIRECTOR: Puneral Director:	22a. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 🔀, Inquiry 🛣, and in my apinion
ICAL E exect tor. Po ed far (CTOR) burial,	death resulted fram: Naty/al/causes, XX, Accident , Suicide , Hamicide , Undetermined manner
please I director retoiner or to b	CHIEF MEDICAL EXAMINER
TY, ple stol di di se retra prior	SIGNATURE ACTION OF ASS STANT MED CAL EXAMINER 22b DATE SIGNED
SSary, I funeral by be r	EXAMINER'S DEPUTY MED CAL EXAMINER X 1-1,-69
TO DEPUTY necessary, the funero 5 may be TO FUNERAL Health pr	NAME (Type) John Kehoe M.D. Riverdale, Maryland ADDRESS(Street, city, town, or county)
5 5 ± ~ 5 ±	23d BLRIAL, CREMAT ON, / 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	Cremation / 1-7-1969 Lee's Crematory Washington, D.C.
VR A15ME (5)	Lee Fun. Home 300-4th St. NE Wash. D.C. JAN 10 1969 Kelistrar 256 REGISTRAR'S SIGNATURE
10M REV 1/68	Lee Fun. Home 300-4th St. NE Wash., D.C. JAN 10 1969 Currles Judge.

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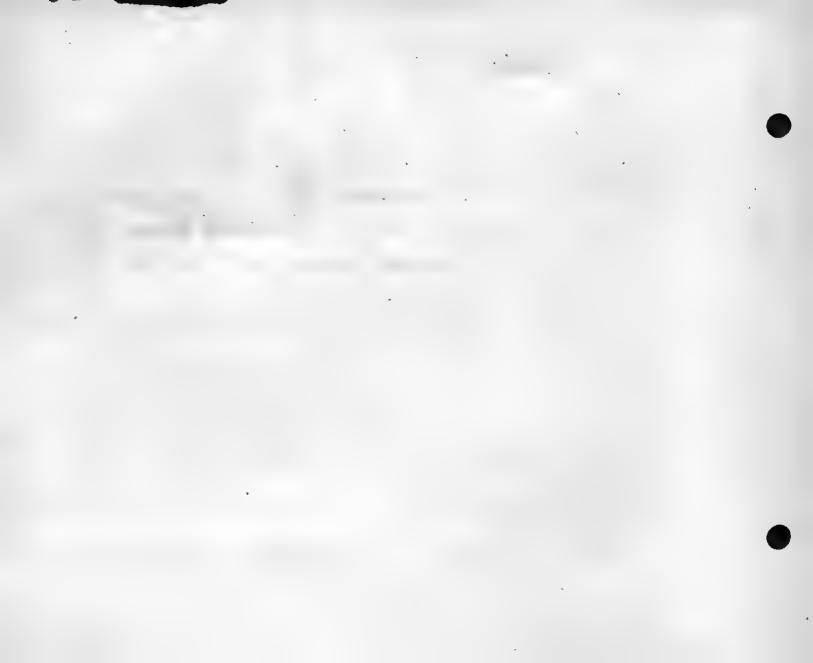
10	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		1341 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1340
HEALTH DEPT.		ECEASED NAME First Middle Last 2a DATE KNOWN To Manth D.	Joy Year 2b HOUR
of ge of	((ype or Print) James L DiGiulian OF ESTI- DEATH MATED 1-13-	
d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3	3 S	X 4 RACE S. DATE OF BIRTH & AGE (In years IF UNDER 1 YEAR F JHDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
2, and 3 to 2, and 3 to 10. M3 Page	Ma	le White 4-25-1941 27 YRS 137 6	69 19 5:25 pm M
e b	70	SIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
one Poges 1, and form the Stote De	100	Washington D C U S A WIDOWED □ DIVORCED ☑ Prince George's	Md
ve Poge g with f the Stot	10 6	11. NAME OF POSMILE OK INSTITUTION (IT not in nospile 20 USUAL OCCUPATION (Rind of work done 12 during most of working life even if retired). IN	PL K ND OF BUSINESS OR IDUSTRY
ng ve	130	Cheverly Prince George Hospital during most of working life, even if retired.) IN Self employed USUAL RESIDENCE (Where deceased lived, 1 institut on Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Tile
TO 100 100 100 100 100 100 100 100 100 10	a	drawsiand State (Wise decessed 1986, 1985) of Residence Before is Landam 1985 Q NO 0 6024 Telegraph	Road
nours Office Office offer o	_	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 hi in He rs of rs of		Joseph L DiGiulian Helen Marie Schlegel	
fi.n 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 95, NO. OF UNKNOWN) (Myss give win or doles of serve)	3
with pen xam ile p	(1)	es, no, or unknown) (Myss give war or dotes of sarves) 212 38 3869 Joseph L. Di Giulian Lanham,	Md.
xecuted with ding in permit File permit. File it within 72		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ruld be executed rord "pending" in ie Chief Medical E. ol transit permit. Fony event within		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Brain abscess, left parietal, occipital	
e ex pend if M if p sit p		DUE TO, OR AS A CONSEQUENCE OF Psudomonas aeroginosa Conditions, if any, which gove	
d 'be d 'l Chie fran y ev		rise to immediate cause (a) (b) Depressed Skall Tracture	
AL EXAMINER: This certificate should be executed within 24 execute the certificate, writing the word "pending" in pencil in in page 4 should be farwarded to the Chief Medical Examiner's for your files. FOR: Page 3 shauld be used as a burial transit permit. File pages urial, cremation, or removal, and in any event within 72 hours.		stating the underlying cause last	
the sh the d to o bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
This certificate sticate, writing the be farwarded to do be used as o b or removal, and	_	TOTAL STATE OF THE PERSON OF T	
verti writh rwa rwa rsed sovo	ATIO	19G. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
this certificate, writing the farwarder of the used as the removal, or removal, or	RTEIC	WAS PERFORMED?	YES NO _
INER: The certifice should be files. 3 should Individed the should be files.	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M	18.)
INER. should should should should should should should should should show afternoon afternoon afternoon should show the should show the should show the show	9	CAUSE OF DEATH 11:30 MM 10-14-19 68 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
EXAMINER: cute the certil age 4 should value 4 should ry your files. Poge 3 should I, cremation, I, cremation,	***	21d INJURY OCCURRED WHILE NOT WHILE OF INJURY (At hame, farm, street, ar work of actory, office building, etc.) Trying Street N.W. Washington, D.C.	County State
cute cute age ir you is Pou		22a certify that I taak charge of the remains described above, held on Autopsy X, Inspection X, Inquiry 1,	-1:
DICAL Use exected of the color		22a I certify that I taak charge of the remains described above, held an Autopsy XI, Inspection XI, Inquiry , death resulted from Notyfal causes A. Agrident , Suicide , Hamicide , Undetermined manner	_ ′ '
director director etained DIRECTOR		CHIEF MEDICAL EXAMINER	5
y, pleading and all all and al		ACTUAL SIGNATURE	GNED
PUT Sary Sary be y be IER/		EXAMINER'S DEPUTY MEDICAL EXAMINER [3]	4-69
TO DEPUTY COICAL EXAMINETED THE INTERPOLATION OF THE FORMAL DIRECTOR: Page 4 Realth pr.or to bur.al, cremined to the manual control of the pr.or to bur.al, cremined to the manual control of the manual control of the manual cremineted to the manua		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
0 元 年 2 0 元	23a	DEMOVAL (Sparity)	(State)
0.0	24	Burial / Jan 17, 1969 Ft Lincoln Cemetery Colmar Manor Fro	
VR A15ME (5) (8) N	24		to Judge



1 14	I	tems 7a vb Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	5	134. MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1341
HEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN Manth	Day Year 2b HOUR
is to to of		Type or Print) Robert Roosevelt Edmonds DEATH MATED 1-25-	-69 192:15amm
yelog . Pogs.	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (in years f work 1/2 and 1/2	2d HOUR
any deloy is 2, and 3 to PM3. Page		Male Negro 26 July 1942 26 VRS 25	69 19 3:42amm
F E	coun	BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
N 0 0 1	L	vnchburg, S.C. USA WIDOWED Prince George's	Md.
deoth wash		give street address) during most of working life even if retired \ \ \	126 KIND OF BUS NESS OR INDUSTRY
Slve T	13a	Cheverly Prince George Hospital USUAL RESIDENCE (Where deceased lived, if institution, Residence before) 3c CITY OR TOWN 13d. INSIDE CITY, AM157 13e STREET AND NUMBER	•
s affer 18.6n 2 with	f	denission) STATE of Columbia Washington YES NO 1250 Holbrook	Perr. N.E.
hours after death Item 18, Give, Pages 1, Office along with form 1 and 2 with the Store Death		ATHERS NAME First Middle Clast . IS MOTHER'S MAIDEN NAME First 1 Middle	Lost
24 h in the is of	20	Henry Mil Duffe Fueile &	donored
thin 24 hours of social in Item 18. Inner's Office old poges 1 and 2 with hours offer dear		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, or unknown) (If yes give well or dates of service) (b) SOCIAL SECURITY NO 11 INFORMANT ADDRESS October 11 INFORMANT	in a back
with year	`	Emma Edmand W.	ifre Su
ted in		18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY PRODUCTION OF PR	APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
ding ding hed o		IMMEDIATE (AUSE (a) Tenedracting guit Shoc wound of head and chest	minutes
pen per N Isit		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	
Id b Chi		rise to immediate cause (a). (b) Stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	1
should be executed wife word "pending" in personal to the Chief Medical Example buriof-transit permit. File in ony event within 72		lost (c)	W
MINER: This certificate should be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 18. Give, Page 4 should be forwarded to the Chief Medical Examiner's Office along with a riles. In the stock of the contraction of the permit. File pages I and 2 with the Stock of should be used as a buriof-transit permit. File pages I and 2 with the Stock of smation, or removal, and in any event within 72 hours after death		PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
TY DICAL EXAMINER: Th.s certificate sy, please execute the certificate, writing the ral director. Page 4 should be forwarded to be retained for your files. AL DIRECTOR: Page 3 should be used as a britant to burial, cremation, or removal, and	×		
writ orwed mov	S	19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This cate, se for the page of	MEDICAL CERTIFICATION		YES 🔀 NO
uld 3	8	PRIMARY CONTRIBUTING HOUR A.M.	n 16.)
INER: e cert shoul files. 3 shou	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street, 21f, LOCATION Street or R.F.D. No. (1 ty or Town	County Marylaws
DEPUTY COLCAL EXAMINER: seessory, please execute the certile funeral director. Poge 4 should may be retained for your files. FUNERAL DIRECTOR: Poge 3 should prior to burial, cremation,		WHILE AT WORK AT WORK Rear lot of Jones Tavern, 1403 Percy St. Glen Arden. Prin	nce Geo. Co.
AL EXA execute ir. Poge J for you TOR: Pog		22a certify that I took charge of the remains described above, held an Autopsy (x), Inspection (x), Inquiry (1),	ond in my opinion
EPUTY DICA: ssory, please extuneral director. oy be retained funerat DIRECTO		deoth resulted fram: Natural causes 1. Accident ., Suicide ., Hamicide . Undetermined manner .	
please I director retainer		CHIEF MEDICAL EXAMINER	
JIY COLOR INV. please e eral director be retained RAL DIRECTOR PROFECTION TO be prior to but		ACTUAL SIGNATURE	
TO DEPUTY necessory, the funera S may be TO FUNERA Health pr		EARHUNER J	<u>-26-68</u>
S P Heol	23a	T / SOUT RELIGE IN LIVETURE 141.	(Caunty) (State)
⊢ ⊢		REMOVAL (Specify) 1-31-49 Elinah 2 Zuzienia	11165 C
	24	FUNERA. DIRECTOR LO LECTRON S ADDRESS DE 250 REC D BY REGISTRAR S SI	GNATURE C
VR A15ME (5)	14	un cral Hamil 3433-14-5tans ONIAN 31 1969 scume	by Vergage.



18	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
'	91340 CERTIFICATE OF DEATH 51342
death. nerol ond 2 death.	1. DECEASED NAME (Type or print) Middle mory Lost 20. DATE OF DEATH Month 1 Doy 20 Year 69 130 PM
nours after death. by the funerol R. Pages I and 2 nours after death.	3. SEX A. RACE 4. RACE White S. DATE OF BIRTH 2-8-1898 6. AGE (In yours If UNDER 14 HRS. Industry VEAR & FUNDER 24 HRS
in by	70 BIRTHPLACE (Stote or foreign country) WASH. D.C. USA. WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED PRINCE LES PRES. Co. Md.
within 24	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 120 USUA. OCCUPAT ON (Kind of work done (12b KIND OF PUSINESS OR during most of working life, even if retired) LINDUSTRY Newspape. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 120 USUA. OCCUPAT ON (Kind of work done (12b KIND OF PUSINESS OR during most of working life, even if retired) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 120 USUA. OCCUPAT ON (Kind of work done (12b KIND OF PUSINESS OR during most of working life, even if retired) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 120 USUA. OCCUPAT ON (Kind of work done (12b KIND OF PUSINESS OR during most of working life, even if retired) 120 USUA. OCCUPAT ON (Kind of work done (12b KIND OF PUSINESS OR during most of working life, even if retired) 120 USUA. OCCUPAT ON (Kind of work done (12b KIND OF PUSINESS OR during most of working life, even if retired) 120 USUA. OCCUPAT ON (Kind of work done (12b KIND OF PUSINESS OR during most of working life, even if retired) 120 USUA. OCCUPAT ON (Kind of work done (12b KIND OF PUSINESS OR during most of working life, even if retired) 120 USUA. OCCUPAT ON (Kind of work done (12b KIND OF PUSINESS OR during most of working life, even if retired) 120 USUA. OCCUPAT ON (Kind of work done (12b KIND OF PUSINESS OR during most of working life, even if retired) 120 USUA. OCCUPAT ON (Kind of work done (12b KIND OF PUSINESS OR during most of work done (12b KIND OF PUSINESS OR during most of work done (12b KIND OF PUSINESS OR during most of work done (12b KIND OF PUSINESS OR during most of work done (12b KIND OF PUSINESS OR during most of work done (12b KIND OF PUSINESS OR during most of work done (12b KIND OF PUSINESS OR during most of work done (12b KIND OF PUSINESS OR during most of work done (12b KIND OF PUSINESS OR during most of work
cuted y complete connection of the connection of	130 USUA. RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN odmission) STATE Md. 13b. COUNTY pr. Georgeshiveedale YESOK NO 6305 ROANOKE AVE
and comple and comple in any event	14. FATHER'S NAME / First Middle Louise Mueller Ames Thomas Ellett Shanes have first books and builter
thot the death certificate ban, by the ottending physician transit permit. Then please cremation, or removal, and i	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of unknown) (If yes give war or dates of service) 578-10-2068 Mildred Ellett 3605 Gallatin Street
th cert ding ph	IB. CAUSE OF DEATH (Enter only one cause per ne for (o), (b), ond (c).) PART I, DEATH WAS CAUSED BY
he death ce e ottending p permit. The	DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) (b) Alleman length of the production of the conditions
s that the dan. If by the transit for the tran	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires physicic signed burial-in purial, c	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)
AN: The law re call ar affecting and the call ar affecting for use of the Health prior to	190 DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO LAUTOPSY? YES NO LAUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING 12b. TIME OF INJURY 12c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, them 18.)
=======================================	210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year [If either, notify medical examiner] P.M. 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, Item 18.) County State County S
G PHYSICIAN the hospital c this certifical detached for te Dept. of Hee	ZId. INJURY OCCURED While Not while of work of work AT HOME FARM. STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County Stote
TENDING med by th R: After i buld be d the State	22a certify that (1) (this hospital) attended the deceased from Oct 1968, ta Jan 20, 1969, that (1) (we) last saw the deceased alive on 1969, and that in (my) (ever) opinion death accurred on the date and hour and from the
A SPECIAL SERVICE AND SERVICE	couses stated above, (i) (we) (did nat) view the bady ofter death. 22b SIGNATURE ATTENDING MED STAFF 22c. DATE SIGNED
10 HOSPITAL OR Poge 4 moy be 10 FUNERAL DIR director, page 3 should be filed v	22d. PHYSICIAN'S NAME (Type) Dr. Walter Googh DEGREE PHYSICIAN'S 22e. ADDRESS 2309 Sharefield Road, Wheaton, Maryland
HOSPIT ge 4 mi FUNERA rector, I	NAME (Type) Dr. Walter Googh 2309 Sharefield Road, Wheaton, Maryland 230 BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (Stote)
Poge Fun	British Cremation, 138 Date 123 Name of temeters of terminor 138 total on (City of 1644) (County) (Cou
30M REV 68	Warner E. Pumphrey, Inc. 8434 Georgia Avenue DATE AN 2 1 1969 AN 2 1 1969



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01343
HEALTH DEPT.	1. D	ECEASED-NAME First Middle Lost 2a DATE KNOWN Month	Day Year 2b. HOUR
ny delay is 2, and 3 to PM3. Page bartment of	L.,	Edward Eugene Erwin DEATH MATERIX	19 M
PM3. Pog	3 \$	and highest the property of th	2d HOUR
P. C. of d	1	lale White 10-27-1948 20 YRS 1 12	69° 198:20pm M
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ges for for		WY OR TOWN OF PEARLY	12b KIND OF BUSINESS OR
urs after death are its Give Poges 1, 2 ice olong with form d2 with the State Depter deoth.		Cheverly Prince George Hospital during most of working life, even frettred) Student	INDUSTRY College
fter Give pang th th	130	USUAL RESIDENCE (Where deceased lived, if Institution: Residence before 13c CITY OR TOWN 13d IRSDE CITY UM.TS? 13e. STREET AND NUMBER	_ ∪offege
78 al	Ma	try land 13b (OUNTY 13b COUNTY 13b COUNTY 13b COUNTY 12804 Kempner	Lane
Hours after ten 18. G. Office olong 1 and 2 with		ATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Lost
S (2) E S		Joseph L Erwin Zoleta Jones	
within 24 pencil in xarriners		WAS DECEASED EVER IN U.S. ARMED FORCES? 8s. no, or unknown) (Hyses give wor or dottes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Joseph L. Erwin Bowie, M	a
L with per Example File 7.2	-		APPROXIMATE INTERVAL
executed nding" ir Medicol J permit.		18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY: No. 1 to 2 to	BETWEEN ONSET AND DEATH
wed wed wed		PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (0) Multiple skull fractures (
be e "per lief I		Conditions, if any, which gove)	
ord ord e Ch		rise to immediate cause (a), (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per to the Chief ! buriol-transit		(c)	i
INER: This certificate should be executed within 24 hours all secrificate, writing the word "pending" in pencificates 18. should be forworded to the Chief Medical Examiners Office old files. 3 should be used as a burial-transit permit. File pages land 2 wind an, ar removal, and in any event within 72 hours offer dealers.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rrifik vord vord vod,	NOS	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
NER: This certicertificate, writhould be forwoolles. Should be used should be used took or remove	CEMTIFICATION	WAS PERFORMED?	YES NO TEX
MINER: This the certificate, 4 should be four files. By Should be to mat on, at rememon to the certification, at rememon to the certification.		21a EXTERNAL CAUSE WAS 21b TIME OF NURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	
INER: e certi should files. 3 shou at:an,	MEDICAL	CAUSE OF DEATH PM 1-12- 19 69 Passenger of car which ran off r	
MIN the 4 sh rr fill e 3 s	₩.	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21t LOCATION Street or R.F.D. Na City or Town-	Caunty State
TY DICAL EXAMINER: y, please execute the certificated director. Page 4 should be retained for your files. AL DIRECTOR: Page 3 should prior to burial, cremation,		AT WORK LAT WORK X Rt. 50 near Enterprise Road. Prince George County, Maryl	and
please execute director. Page etained for yo DIRECTOR: Pogrer to burial, crr		22a. I centry that I taak charge at the remains described above, held an Autapsy [_], Inspection [33], Inquiry]. and in my apinion
se escripi		death resulted fram: Natural causes	
please direct direct or to the transfer or the transfer or to the transfer or to the transfer or to the tran		ACTUAL CHIEF MEDICAL EXAMINER CONTROL CANADA CONTROL C	el Aur m
JTY JTY, ergl be per		SIGNATURE ADDISTANT MEDICAL EXAMINER 220. DATE:	
o DEPUTY DICA necessory, please est the funeral director. 5 may be retained o FUNERAL DIRECTOR Health prior to bus		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	<u> </u>
the Torus Torus Torus Torus Torus Torus Torus Tree Tree Tree Tree Tree Tree Tree Tre	230	BUR AL CREMATION / 23b DATE 23c NAME OF CEMETERY OR CHEMATORY 23d LOCATION (City of Town)	(County) (State)
		Burlal Jan 16, 1969 Baltimore National Baltimore,	Md.
20	24	FUNERAL DIRECTOR ADDRESS F. Gasch's "ons Hyattsville. Md. Pare IAN 1 7 1969	SIGNATURE
VR ATSME [5]		F. Gasch's Sons Hyattsville, Nd. DATEJAN 17 1969	as Just



7	1		DIVISION OF VITAL RECORDS		AKIMENI OF HEA		
And the second		31349		CERTIFICATE		KE, MAKTLAND ZIZUI	31344
. 4 44	1 0	ECEASED NAME First	Middle	La	st 2	o. DATE OF DEATH	2b, HOUR
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he death s attendir permit. Itan, or re		4/000	12 0/10 12 (0)				J. CLALY
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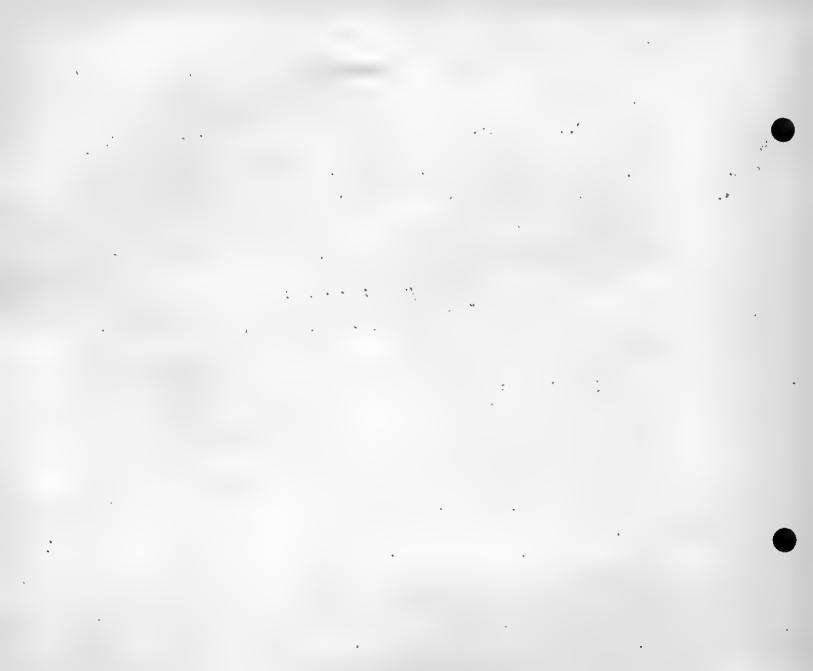




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		O1301 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01346
. ~ ~	1	DEFEACED NAME Sizes Mode lost 20 DATE OF DEATH 25 HOUR
death.	ı l'	(Type or print) Harry Fiddesop 1 Month 8 Doy 69 Year 7:50a
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O HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the	X	190. DATE OF OPERATION 191. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201. ACCIDENT WAS UNDERLYING 216. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
SICIAN: spital or ertificate ed for u		G OR CONTRIBUT NG CAUSE OF DEATH HOUR A.M Month Doy Year P.M. 19
DING PHY by the ho After this c be detach Stote Dept		While Not while OFFICE BUILDING, ETC.
OR ATENDING PI be retained by the DIRECTOR: After this je 3 should be deft ed with the Stote Di		22a. I certify that (I) (this haspital) attended the deceased from 3 2 19 2 19 2 19 2 19 2 19 2 19 2 19 2
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O HOSPITAL OR ATTENIE Poge 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should	1	22d PHYSICIAN'S NAME (Type) C. J. Houmann, M.D. 22e ADDRESS 4408 Queensbury Rd., Riverdale, Md.
Poge direct		Bur al, (REMATION, REMOVA. (Spec by) Burial 23c. NAME OF CEMETERY OR (REMATORY Colman Manor Pro Geo Md.
VR A15 (4)	68	Purial Jan II, 1969 Ft Lincoln Cemetery Colling Manner IPO Geo Mg. 24. FUNERAL DIRECTOR F. Gasch's Cons Hyattsville, "d. Dan A: 13 1969 256 RECUBERS GNATURE AND





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// -		CERTIFICATE OF DEATH								
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	Or		210 ACCIDENT WAS UNDERLYING	, and an interest	21c HOW NJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, I	tem 18)			
	S 重視を変	₫	or contributing Cause of Death							
	OR ATTENDING PHYSICIAN be retained by the hospital DIRECTOR: After this certifica je 3 should be defached for led with the State Dept of He	MED			(TORY.) 21f LOCATION Street or RED No	City or Town	County State			
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	1 th		22b SIGNATURE //	(C) (RR (C T) RRESSE) TO THE	body strot dodin	77.	DATE SIGNED			
	REC 3		1001	2 1/1000	DEGREE PHYS ME	D STAGE I				
			22d PHYSINAN'S	e file		RECTOR LI PHYS LI Ja	n. 22, 1969			
	TIA MAL Perf		NAME (Type)	/	22e. ADDRESS					
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to		Albe	rt Roth, M. D.		lale_Rd., Riverda	le, Md. 20840			
	光野田道門	230	BURIAL, CREMATION, 23b D		CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)			
	5 5 5 K	17	JAJAJA	424,1969 FORT.	LINCOLN CEM	COLMAR MAN	IOR, MD			
	(W)	24	FUNERAL DIRECTOR	ADDRESS		REGISTRAR 256 REGISTRAR 5	SIGNATURE			
	VR A (3 4)	16	1. W. Cham	ben 60 trues	see Mg. DUAN 2	7 1969 mlimi				
	~					77.45	a landa			



1			301 W. PRESTON STREET, BALTIMORI	E, MARYLAND 21201	1 7 1 2
	I	teml3 FilmGLO9 2/21/69 kk	CERTIFICATE OF DEATH		1051
deoth.	1. D	ECEASED-NAME First Middle Type or print) a clar	Folley 2a.	DATE OF DEATH Month Day Jan	26. HOUR
7	3. SI	TENIA/E W	S. DATE OF BIRTH	6. AGE (In years IF UNI last burthday) YRS MONTE	DER 1 YEAR OF UNDER 24 HRS. HS DAYS HOURS MIN
/2 høu	70. cour	BIRTHPLACE, (State or foreign ntry) NEW-JEGE USA.	8 MARRIED NEVER MARRIED 9 COU	NTY OF DEATH	e, (0) Md.
1	10.	CITY, OR TOWN OF DEATH & 11. NAME OF HOSPITAL OR IN give street oddress) fall	ST TUTION (If not in haspital during most of v	vorking life, even if retired.) IN	b. KIND OF BUSINESS OR IOUSTRY
+	13o adm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before inssian) STATE 17 d = 13b. COUNTY P George	13c CITY OR TOWN 13d INSIDE CITY LIMITS? YES NO	3 PAIN TOWNSERS 219	Toledo, Phy
,	14.	FATHER'S NAME First Aniddle Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
	160.	(MAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, ar unknown) (Il yes give war ar dates of service) 579-22	NO 117. INFORMANT 8543 Willard Golley 9	Address/diat	tswille, Md.
		IB. CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (n) St. 17 FOLKY		marshare	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cremation, or removal		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gove	1 south in the	1	1 /1
		tise to immediate cause (a), (b) DUE TO, OR AS A CONSECUENCE OF last	Suonis - almile	bour,	5 4 m 2
×		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		ON GIVEN IN PART 1(o)	
x'	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES	20b. IF YES, WERE FINDINGS CONSID CAUSES OF DEATH?	ERED IN CERTIFYING
	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21b TIME OF INJURY HOUR A.M. Month Doy Yeor P.M.	21c. HOW INJURY OCCURRED (Enter noture	af injury in Port 1 or Part 2, Item 1	18.}
	MED	2 Id INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FAI White Not while at work at work at work		City or Town Cou	unty State
		22a. I certify that (I) (this hospital) attended the decease saw the deceased alive an causes stated abave (II) (we) (aid (did not)) view the	ed from , 19 67, 19 67, and that in (my) (am) apinion of	ta 1 - 6 , 19 6 3 death accurred on the date of	that (1) (we) last nd have and from the
	l	22b SIGNATURE	ATTENDING MED.	22c. DATE	
1		22d. PHYSICIAN'S R.D. Banes M	DEGREE PHYS. DIRECTOR 22e. ADDRESS 2513 Bridely	ander AN. Orde	Shi Will.
1	23 a	BURIAL CREMATION, 23b. DATE 23c NAME OF	CEMETERY OR CREMATORY 23d.		ounty) (State)
D.O	24.	FUNERAL DIRECTOR W. Legute ADDRESS	ical Purposes 1 Spa Md 250. REC'D BY REGIS	Satione Manie STRAR 286. REGISTRAPS SIGN	TURE A A.R.
	1,	laner E. Pinnhieu. 9 c. 8434 Sec	praja Tue ve DATE	6 1969 munt	To food of
			77711 4		



141	1It	tem5 Filr Gio8 MARYLAND STATE DEPARTMENT OF HEALTH /21/6 kt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	11/	721/6 31 35 , MEDICAL EXAMINER'S CERTIFICATE OF DEATH	71352
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN M Month Dot OF ESTI- Jan. 1:	Year 2b HOJR 7 100 M
ond 3 to ond 3 to MM3. Page	3 5		2d HOHR Yeor 19 697:P M
- E/ E		BIRTHP.ACE (Stote or fore-gn 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S. WIDOWED DIVORCED Prince George's	14 24 2 W
fer death Give Pages ong with fo		CETY OR TOWN OF DEATH . NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPAT ON (Kind of work done 12b	K ND OF BUSINESS OR OLISTRY
14 hours after death is Solding with the Stand 2 with the Stand 2 with the Stand 5 offer death.	13a	USUAL RESIDENCE (Where deceased hived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 3b COUNTPrince George's Seat Pleashatho 7079 Ritchie Residence R	ad
notified Henri Miner's Office pages Land 2 hours offer o	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Thomas Stanley Forbes Mary Louise Drawford	Lost
This certificate should be executed within 24 hours after death little, writing the word "pending" in pentificial Ten. 18. Give Page be forwarded to the Chief Medical Exominer's Office olong with it be used as a burial-transit permit. File pages Hand 2 with the State removal, and in any event within 72 hours after death.	16a (1	WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves. ROO' unknown) (Hyes give wor or dates of service) 16b. SOCIAL SECURITY NO Lucille Sellman (sister) Upper Mar	33 rlboro, Md.
should be executed with word "pending" in penting the Chief Medical Exonurial-tronsit permit. File in any event within 72		18. CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Hemoperitoneum Secondary to Ruptured Liver	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be executed ne word "pending" is to the Chief Medical burial-tronsit permit.		Conditions, (fony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, (fony, which gove) Trauma from Automobile Accident	
hould I word the Ch prial-tro		rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last	
ficate sing the rded to os a bu		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
KAMINER: This certificate should be executed within 2 te the certificate, writing the ward "pending" in pencific ye 4 should be forwarded to the Chief Medical Examiner your files. Oge 3 should be used as burial-transit permit. File pages cremation, ar removal, and in any event within 72 hours	WEDICAL CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? None	20 AUTOPSY? YES [X NO]
= = = =	ICAL CERT	21a EXTERNAL CAUSE WAS PRIMARY FLOR CONTRIBUTING CAUSE OF DEATH 21b. TIME OF INJURY Month, Day, Year Automobile Accident 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1 or Part 2, Item 2 or Part 3 or Part 3 or Part 4 or Part 4 or Part 4 or Part 5 or Part 5 or Part 5 or Part 6 or Part 7 or Part 7 or Part 7 or Part 7 or Part 8 or Part 9	18.)
	WED	Chase of action	nt, QG , Md.
AL Executive Poor Formal Annual Annua		22a certify that I taak charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, death resulted from: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner	and in my opinian
director or the		ACTUAL CHIEF MEDICAL EXAMINER C) NED Jan 12, 69
necessory, the funeral s may be ro FUNERAL Health pro		SIGNATURE SIGNATURE OCAN CONTROL ACTINEPUTY MEDICAL EXAMINER ACTINEPUTY MEDICAL EXAMINER ADDRESS(Street, c'ty town, or county) Cheverly,	
TO DEPU necesso the fun 5 may TO FUNE Health	230		CState (State)
VR ATSME (S)	24	PUNERA DIRECTOR ROLLING 4339 - Hunt Paddress - 250 RECD BY REGISTRAR 250 REGISTRAR'S S GA ROLLING 4339 - HUNT PADDRESS - DAN 16 1969 MILLIANDESS	



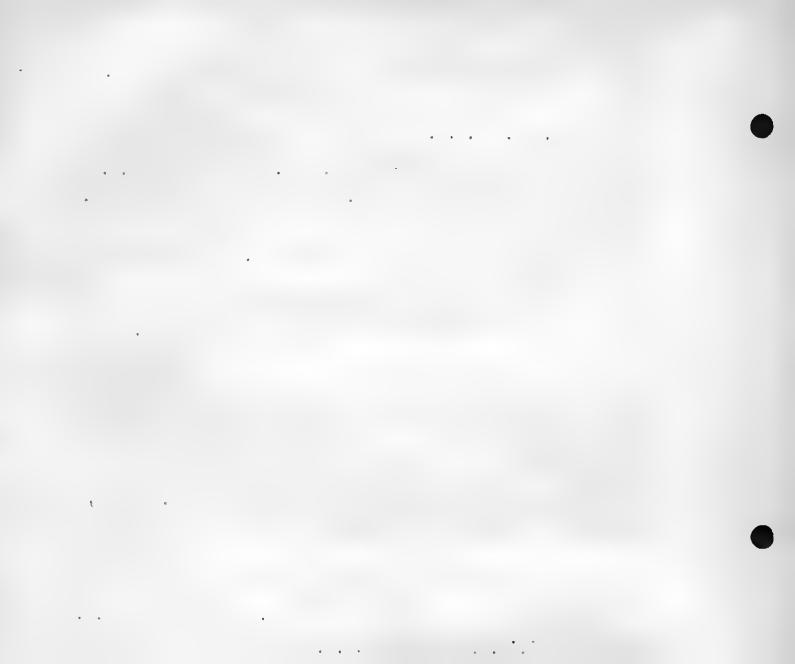
		MARYLAND STATE DEPARTMENT OF HEALTH	
11/		DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201	1353
A	I	teml3 FilmG4)8 1/17/69 kk CERTIFICATE OF DEATH	
± -2±	1 D	ECEASED-NAME Firsty Middle Last 2a. DATE OF DEATH Type or print) Middle Last 2b. DATE OF DEATH A Month Day	Year 5 90 M
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fer	3. \$		UNCER I FEAR IF UNCER 24 HRS. HTHS DAYS HOURS M.H.
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Pers Pers		What I I S I WIDOWED DIVORCED I Fruce Ise	2029 Md.
in 2	10.		12b KIND OF BUSINESS OR INDUSTRY
事 建制	-	Suttang Suttan Illery, How House cope	MEALE
aquires that the death certificate be executed within 24 haurs after death physician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages 1 and 2 burial, cremation, ar remaval, and in any event, within 2 haurs after death burial, cremation, ar remaval, and in any event.	13a adm	USUAL RESIDENCE (Where deceosed lived if institutions: Residence before ISD-UTY OF JOHN TIO 13d. INSIDE CITY LIMITS? 13d. STREET AND MYMBER 29 ISSUED STATE 13d. COUNTY 25 NO 12d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS?	Duckett Rd.
e execute and camp remave n any_ave	14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
and and in an	1	CHARLES STRIPPY FANNIE FALL	2
physician phase naval, and i		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17, INFORMANT	chett Rd
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atte	1	471 X DUE TO, OR AS A CONSEQUENCE OF	
the the safe of the	1	Conditions, it only, which gove to immediate cause (a), (b)	
that that than the by the transit cremat	1	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
physician. physician. signed by burial-tran		last. (t)	
The faw requires that the death oftending physician. has been signed by the attendings as the burial transit permit. Ith priar ta burial, crematian, ar re	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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transer transfer tran	H	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	18)
JAN Gal o Ficat far Hec			1 10.3
SIC Ispit Sertii Ted T. of	MEDICAL	(If either, notify medical examiner) P.M. 19	County State
PHY e ho his o	F	While Not while OFFICE OULDING, ETC	
NG the the second of the secon	П	22a. I certify that (I) (this haspital) attended the deceased fram, 19.66, ta, 196	
Aft Aft e St	П	saw the deceased glive on	and havr and from the
THE SE STATE		causes stated abave, (I) (we) (did) (did not) view the bady after death.	to a sent
With State of State o	1	22b. SIGNATURE 22c. DAT	W SIGNED
Ded Dist	П	DEGREE PHYS DIRECTOR PHYS. 122d PHYSICIAN'S 22e. ADDRESS	//
RAL RAL be f	П	NAME (Type)	
D HOSPITAL OR ATTENDING PHYSICIAN: The faw re Page 4 may be retained by the haspital ar attending 5 FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	230	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Yourn) ((County) (State)
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30M REV. 148	1	TOPENTE WILHELM SUITLAND Md DATEIAN 13 1969 Polime	My Judge
VU 1			// //



FOR STATE		1358		MEDIC	AL EXAM	INER'S C	ERTIFICATE	OF DE	ATH			013	354
HEALTH DEPT.	1. DEI	EASED-NAME pe or Print)	First		Midde	e	Lost			20. DATE KNO	WN Month	Doy	Yeor 2b HOUR
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d 3 d 3 . Po	3 SE)	4 RAG		DATE OF BIRT	lH .	6 AGE (In years last birthday)	MONTHS DAYS	HOURS	24 HRS MIN		OUNCED DEAD	ν	2d HOUR
ny deloy is 2, and 3 to PM3. Poge			hite]		. 1968	**** YR	2			Manth	22	69	7198:30pm M
22		RTHPLACE (State or for		IZEN OF WHA	IT COUNTRY?		rried inever ma		9 COU	NTY OF DEATH			
S D P	countr	HOLDITA D		USA				ORCED [ince Ge			Md.
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thin 24 incil in inner s poges hours		AS DECEASED EVER IN U s, no, or unknown)	(If yes give war or di	ofes of service)	166 SOCIAL SECO	RITYNO	17. INFORMANT	0 5		74.00	ADDRESS		pper
with personal control of the p	-						Edward	G. MY	eema	n7109 1	Antock F		PPROX MATE INTERVAL
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e ey pen ef M sit p	1 1	Conditions, if any, wh	nich dove 3	DUE TO, OR	AS A CONSEQUE	KE OF Asp	iration c	or gas	stric	conte	nts		
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vritif war war	FICATION	190 DATE OF OPERATI	ON		19b. CONDITION	FOR WHICH OP	ERATION					20.	AUTOPSY?
for for					WAS PERFO	IRMED?							YES IX NO
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IER: certi nauld les. shoul	MEDICAL	PRIMARY OR CONTI	RIBUTING [HOUR A.N		19							
	星	INJURY OCCURRED	f. A.		t home, form, s	treet,	21F LOCATION Street	or R.F.D. No		City or To	wn	County	Stote
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FC Ed 1		death resulted	*	_	es 🔯 , Ac	/ 1	Suicide ,		łe 🔲	Undeterm	ined manner		
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				oe MD	River		CL a	DRESS(Street		wn, or county)			
5 g = ~ 5 =	230	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE		I		OR CREMATORY		23d.	LOCATION (City	or Town)	(County)	(Stote)
		REMOVAL (Specify)		5-69			L Cemeter			uitland		e Ge	orges, Md.
VP AT SMART			obert E.					250 RECT			156 REG STRARS		
10M REV 128	43	08 Suitla	nd Road,	Suit	Land, M	aryland		DATE	N-31	1969		יוק ווייי	



,	1				STATE DEPARTMENT OF I		
		4.05	DIVISION OF	VITAL RECORDS, 3	OI W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	***
8		135.		CE	RTIFICATE OF DEATH		1755
2 82	1. DI	CEASED-NAME First		Middle	Last	20. DATE OF DEATH	2b. HOUR ▲
death neral and death	(1	ype or print)	arles	Morton	Frv	January 4.	1969 12:45 M
T TENT	3. SE		4. RACE	MOTCOIL	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
a de la seconda				•	7/27/96	fost birthday)	MONTHS DAYS HOURS MIN
ones sun	70	Male BIRTHPLACE (State or foreign	76 CITIZEN OF W			9. COUNTY OF DEATH	
C C V	cafi	vashington, D	C TI	1	MARRIED NEVER MARRIED		
n 24 illed ii paper hin 72	1	asnington, D	10. 0.1	S . A . AME OF HOSPITAL OR INSTI	WIDOWED DIVORCED	Prince George's AL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
ここ 単語	IG (ITY OR TOWN OF DEATH	give	street address)	during m	ast of working life, even if retired)	INDUSTRY
oe executed within 24 and campletely filled in remove carban paper in any event, within 72		Cheverly	Pr	ince George	s Gen. Hosp Supr 3c (ITY OR TOWN 13d ANSIOE dry	oly office-U.S.	Government
pa de tu		USUAL RESIDENCE (Where decedission) STATE	sed lived, if institut	tian Residence before	3c. CITY OR TOWN	IMMTS? 13e STREET AND NUMBER	904. ¥
and cample of contract of cont		Maryland	Prin	ce George's	FIL. Ramiter	º□ 2906 Arundel	Kd.
\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	14	FATHER'S NAME FIRST	Middle	Last	15. MOTHER S MAIDEN NAME D'	First Middle	Lost
2 2 2		Henry Fry				CTIIREL.	
The law requires that the death certificate be executed within 24 ottending physician. has been signed by the attending physician and campletely filled isse as the burial-transit permit. Then please remarke farban pape the priar to burial, crematian, or remayal, and in any event, within 77.	16a	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY NO	. 17. INFORMANT	Address	harra
Pysical Parameters (1975)	1	'es no ar unknawn) (1f yes give	Adi de aquez di zersen)	none	Marigola W.	Fry same as a	
cert P p p		IB CAUSE OF DEATH (Enter a	n v que (duse per li	ne far (a), (b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
# # #		PART I DEATH WAS CARS	n RY			1. A.	
dec dec		1185 X IMMEU		AS A CONSEQUENCE OF	. pulmonary edema;	-moderate	
e d e d indi		Canditions, if any, which gave	•		ha annual de la		
at history	1	rise to immediate couse (a),	(D)	AS A CONSEQUENCE OF	neumonia with abs		
# 2 4 4 2	1	stating the underlying cause	1	AS A CONSEQUENCE OF	upper & 1	ower lobes	
equires th physician signed by burial-tra burial, cre		_	(c)	ITING TO DEATH BY T MOT	RELATED TO THE TERMINAL D SEASE OR	CONDITION CIVEN IN PART 1(a)	
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cate Hea	CAL C	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE			216. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2,	Item 10.j
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate is 3 should be detached for used with the State Dept. of Heal	MEDIC	(If either, notify medical exam	nnert I P.M.	19			
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H in So that		couses stated/apor	e, (1) precion	(ald not) view the b	ady direct dedict		DATE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital ar ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to	min .	1/4 1/4		, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	1001 1001TON (Care - 1)	(Carto)
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30M REV. 1/68		2901 11th S.	L. N.W.	Washingto	Sn. L.C. JAN 8	1969 /Cliant	7 7



the -17	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
death.	1 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 20. DATE OF DEATH 1 Doy 69 Year 20. M
by the funeral nours of the forth of the for	3. SEX Male 4. RACE S DATE OF BRITH S DATE OF
por in bour	70. SIRTHPLACE (Stote or foreign Country) ARRIED NEVER MARRIED OF COUNTY OF DEATH WIDOWED DIVORCED Prince George's Md.
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executed wand completel remove carb.	odmission) Maryland Prince George's Upper Marlbores NoX Box 355
be ex in and se rem dinan	Unknown Unknown
ertificote be physician c nen pleose loval, and ii	166 WAS DECEASED EVER IN U.S. ARMED FORCES? Yang, or unknown) (It yes give war or dates of service) 16 SOCIAL SECURITY NO. 17 INFORMANT Agnes C. Garner-Upper Marlboro, Md.
iat the death c , the attending nart mermit. The	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
The law requires that that that that that the law signed by the se as the buriot-tronsith the prior to buriol, cremoth	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO KEY 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
AN: al or cate for u	YES NO XX 2 To ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INFJRY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 OR CONTRIBUTIONS (If e ther, notify medical examiner) P.M. 19 2 1d INJURY OCCURRED 2 TO PLACE OF INJURY AT HOME, FARAM STREET, FACTORY 2 21f LOCATION Street or R.F.D. No. City or Town County State
PHYSICIA the hospital this currifical detached fo e Dept. of H	While Not while of work of work
TENDING ined by the OR: After to ould be do the State	22a. I certify that (I) (thischaspitals attended the deceased from
Page 4 mmy be retained by the hospit O FUNERAL DIRECTOR: After this cartifulation, page 3 should be detached streamed be filed with the State Dept. of	22d. SIGNATURE 22d. PHYSICIAN S NAME (Type) A. Clark Holmes, M.D. ATTENDING PHYS. DIRECTOR STAFF DIRECTOR PHYS
TO HOSPITAL Page 4 mmy l TO FUNERAL D director, pag Schauld be fill	230 8 R AL (REMATON, BURY A Specify) 230 NAME OF CEMETERY OR CREMATORY 231 LOCATION (City or Town) (County) (Stote) 232 NAME OF CEMETERY OR CREMATORY 233 LOCATION (City or Town) (County) (Stote) 234 LOCATION (City or Town) (County) (Stote)
VR ATEN	24. FUNERAL DIRECTOR Ritchie Bros. Fun'l Home-Maryland: DATE AN 29 1969 PURPLES REGISTRAR 256 REGISTRAR SIGNATURE DATE AN 29 1969 PURPLES PURPLES SIGNATURE

MAKTLAND STATE DEPARTMENT OF HEALTH

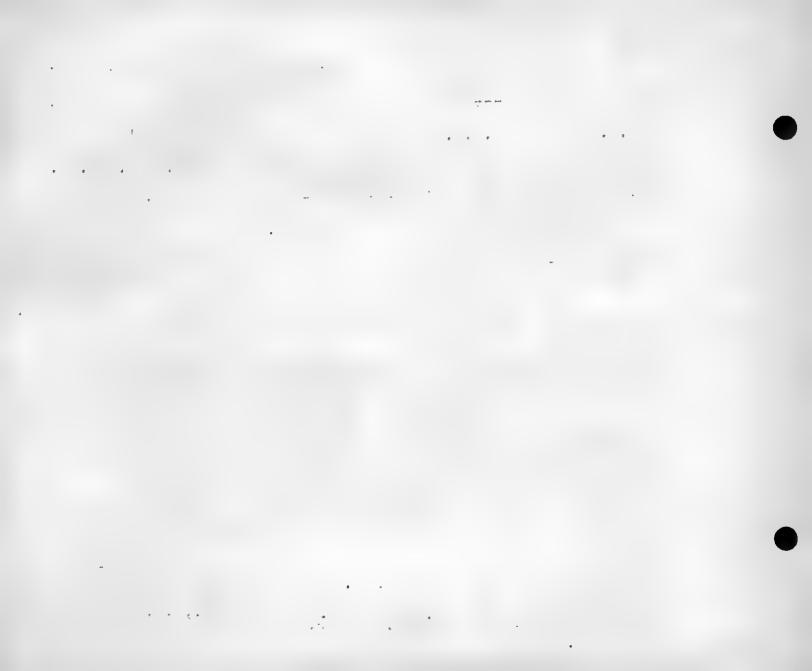


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,	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
EOD CTATE		258
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	(Type or Print)	Yeor 2b. HOUR
15 to 19 to 0f	Lela Gladden DEATH MATED □ 1-18-69	19 5 00am
\$ 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years F under 1 YEAR IF UNDER 24 HKS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MAN Month Day Xear	2d HOUR
O S E IVE	Female Negro 5-10-1890 78 78 1 18 69	96:25am M
12,2	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED 9 COUNTY OF DEATH	
	(COUNTRY) 5, C1 U.S.A. WIDOWED DIVORCED Prince George's	M
€ 12±1€ €		OF BUSINESS OR
offer death soon with he Sto	g ve street oddress) (during most of working life, even if retired) INDUSTRY Cheverly Prince George Hospital	
offer of Give orong with the death.	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY J.M 152 13e STREET AND NUMBER	
	Maryland Prince George's Seat Pleasant YES NO 1014 65th. Place	
hours Item 1 Office Coffice	14 FATHER S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Aost
24 h in Ite r's Or r's Of r's of	(Especial Tropies) Solar Chan	Lord
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	7-7-20
w thin pencil xamine ile pagi	(Yes, not or unknown) (If yes give war or dates of service) Walter Illy (Very 1 1 14-65)	1 12 h 7=
1 w.1 Exar File	APPI	OXIMATE INTERVAL
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F 0 5 .	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M.	
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L EXA ecute Page or you R: Pag	WHILE MOT WHILE AF WORK AF WORK AF WORK	
- S - S - S - S - S - S - S - S - S - S	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection 🔀, Inquiry, and	in my opinion
lease exe director. P stoined fo DIRECTOR	deoth resulted from Majorol causes 🔀 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined monner 🗌	
please of direction retoined or to bu	CHIEF MED CAL EXAMINER	
y, ple grai di se reti al prior	SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	
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TO DEPUTY, necessary, the funeral 5 may be TO FUNERAL Health pr.	NAME (Type), John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town or county)	
5 g = 25 g	230 SURIAL REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(S)ate)
(20	REMOVADISPECIAL /-23-69 Carran mem Soulle, In	d
low PK	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR 5 SIGNATURE	
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	١	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE		2136 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7359
FOR STATE		MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	
HEALTH DEPT.	1. [ECEASED NAME First Middle cost 20 DATE KNOWN Month Type or Print) OF ESTI-	Doy Year 2b. HOU
Poge		Roy H Gray DEATH MATED X 1-10	12:00am
deloy	3 5	The state of the s	2d H0U
05 /		Male White 14 July 1906 62 YRS. WORKS WIRE MOURS WITH 100	69 19 2: 05am
(1)		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
s l	(00)	N.Y. U.S.A. WIDOWED DIVORCED Prince George's	N
ath oge th f	10.	TTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USJAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
ofter death 8. Give Pages olong with for with the State			INDUSTRY Ins.Co.
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s ofter 18. Giv olong 2 with deoth.	(Maryland Prince George's Hindever Hills YES NO 3401 75th. Ave	nue
hours after death tem 18. Give Pages 1, Office along with form land 2 with the State De		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
		Edward Gray Anna M. ?	
north name of pages hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
	((es, no, or unknown) (tiyes give wor or dotes of service) 050-01-6093 Sophie Gray (above address	s) Wife
是是			APPROXOMATE INTERVAL
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d be d 'pe Chief rransi		rise to immediate couse (o), (b)	
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	3	WAS PERFORMED?	
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± 73 =		PR.MARY OR CONTRIBUTING HOJR A M	em IB.)
KAMINER: te the certification of the certification	MEDICAL	CAUSE OF DEATH P.M 19	
Milithe the 1 sl	25	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, white not white lociory, office building, etc.) 21f LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: tute the cert age 4 should ryour files. Poge 3 should tremation, it cremation.		AT WORK AT WORK	
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<u> </u>		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226. DATE	SIGNED
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5 5 ± ~ 5 ±	230	BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON ICITY or Town)	(County) (Stote)
		Burial 1/13/69 Mt. Olivet Cem. Wash., D.C.	
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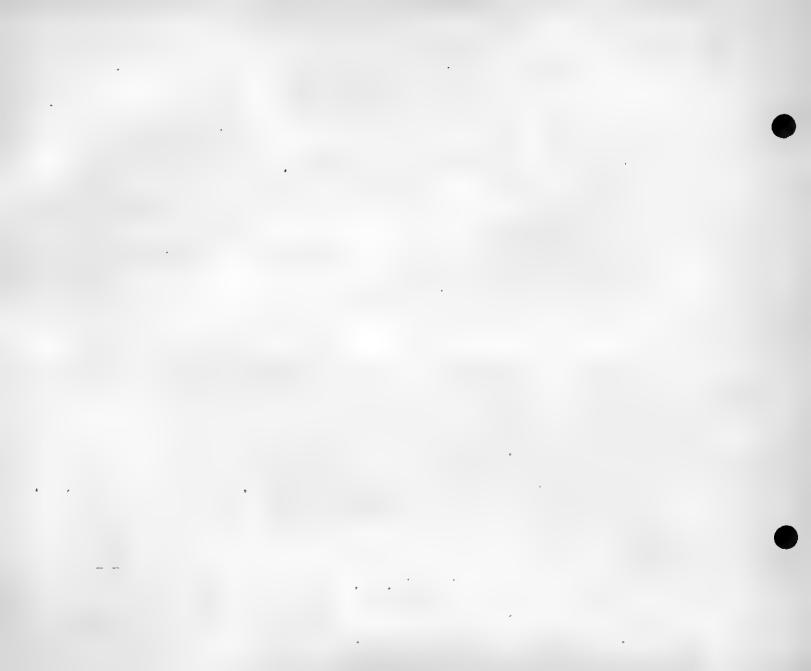
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 1. PLACE OF DEAT	ARAM	SEPARTMENT OF HEALTH	
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_	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
-/-			01360 CERTIFICATE OF DEATH
	٠ 7 ج	1 (DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
•	eral and deat		(Type or print) Marie Henning Green JAN 7 69 205
	fun 1	3. 9	SEY A RACE IN MORE 15 AND 15 A
	be executed within 24 hours after death. and campletely filled in by the funeral e remave carbon papers. Pages 1 and 2 lin ony event, within 72 hours after death.		Female White June 26, 1899 lost birthday) Wonths DAYS HOURS MIN
	ours P P P P P P P P P P P P P P P P P P P	70	8IRTHPLACE (Store or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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	filled filled		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) 12b. KIND OF BUSINESS OR INDUSTRY
	nd campletely remaye carban ony event, wit		Clinton Pine View Gardens Housewife
40	tion and campletely tease remove carbar and in ony event, with	13e	I. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY . M 13P STREET AND NUMBER 13b COUNTY PLANS COUNTY PLA
	cam cam cam	/	
	and rem	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
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		101	a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address 625 Livings For Sys. no. optain from 18 yes give wor or dates of service) 579-16-0180 B Robert A. Green Sy. Accorded Wid.
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	The law requires that the death certificate attending physician. has been signed by the ottending physics as the burial-transit permit. Reserve the priar to burial, cremation, ar remayal,		(c) comony insufficient - Carlinascale disa 10 yrs.
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	OR:		causes stated abave, (1) (we) (did) (did nat) view the pady after death.
	S Sh		226 SIGNATURE ATTENDING MED STAFF 220 DATE SIGNED
	DIR DIR Ge		Clific Capin Medice PHys Director PHys - 69
	TO HOSPITAL OR ATTENDING Page 4 may be retained by the CTUNERAL DIRECTOR: After director, page 3 should be shauld be filed with the State		122d PHYS CIANS NAME (Type) PLEED R. LAPIN, MED 2200 ADDRESS ZINTON, MD
	e 4 UNE UNE setar	234	BERIAL, CREMAT ON, 236 DATE 23c NAME OF CEMETERY OR CREMATORY (23d LOCATION (Gry or Town) (County) (Stote)
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1 1	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	262
HEALTH DEPT.	1. DECEASED NAME FIRST Middle LOST 20 DATE KNOWN THE Month D.	
, e a x	(Type or Print) Lawrence Edward Grigsby OF ESTI- DEATH MATER 1-6-69	
ony delay 2, and 3 t PM3. Pog partment c	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In yours I of UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOJR
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L E O	Country) Va USA WIDOWED DIVORCED Prince George's	M
the get of	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital " 120. USUAL OCCUPATION (Kind of work done 12	b KIND OF BUSINESS OR
offer death 8. Give Poges 1, along with form with the Some D	Cheverly give street oddress) Prince George General Hosp, during most of working life, even if retired.)	JUSIKY
s ofter de 18. Give 19. along w along w deoth.	13a USUAL RESIDENCE (Where deceased .tv/d, .f institut on Residence before 13c CITY OR TOWN 3d .MSIDE CITY LIMITS? 13e STREET AND NUMBER	
18 of	Virginia Woodbridge 1 13220 Crest St.	reet
24 hours ofter death in Item 18. Give Poges 1, r's Office along with form es lond 2 with the \$2.00 ptrs ofter deoth.	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Virginia Lindsey	LOSI
hin nine pag	16d WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (H yes give war or daves of service) 229 28 3293 Virginia M Vainer woodbridge,	Va
ed with the lin per lin per lin 72 lin 72	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
Id be executed rid "pending" in Chief Medical E transit permit. F	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gun shot wound of head	
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M a de i i i i i i i i i i i i i i i i i i		County - State
	WHILE NOT WHILE AT WORK Car parked in front of 6218 Kingston Rd. Prince George Com	anty, Md.
_ 0 0 0 0 0 1/	220. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🔯, Inquiry 🗍,	ond in my opin or
Sical	death resulted from Natural couses . Accident . Suicide . Homicide . Undetermined manner]
please e director director estained DIRECT	CHIEF MEDICAL EXAMINER	
º	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	NED
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necessary, plane the funeral of may be re ro Funeral Health prior	NAME (Type) John Kehoe ID Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 = = ~ 5 =	230 BURIAL (REMATION, 23b DATE 23c. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (C	ounty) (State)
	Buris Jan 9, 1969 Ft Lincoln Cemetery Colmar Manor Pro	
VR ATSME ISING	F. Gasch's Sons Hyattsville, "d. 250 REC'D BY REGISTRAR S SIGNATE 250 REC'D BY REG'D BY R	las Judges
TOM SEV TYRE (3)	DATE JAIL TO 1300	1



- 01			YLAND STATE DEPARTMENT OF		
_ 74	2136.	DIVISION OF VITAL REC	ORDS, 301 W. PRESTON STREET, BAL'	IMORE, MARYLAND 21201	
	1201		CERTIFICATE OF DEATH		01363
E FE	1 DECEASED NAME	First Midd		20 DATE OF DEATH	2b. HOUR
op Car	(Type or print)	John W.	Groves	January 11	69 6:55PM
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s af	Male	Cauc.	11-18-11	57 YRS.	MONINS DAYS HOOKS MIN.
pertificate be executed within 24 haurs after death appropried and campletely filled in by the foreign her pages. Pages 1 cours and in any event, within 72 hours after a the	7o. BIRTHPLACE (State or for country)	eign 76. CITIZEN OF WHAT COUNTRY?	8 MARRIEO M NEVER MARRIED	9. COUNTY OF DEATH	
24 F	WASHINGTON.	D.C. UNITED STATE		<u> </u>	George's Md
all spirit "	10 CITY OR TOWN OF DEATH	11 NAME OF HOSPIT	AL OR INSTITUTION (If not in hospital 120. USG	AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
be executed within 24 In and campletely filled use remave carban paper d in any event, within 72	Cheverly	Prince Ge	orges Gen. Hosp. during n	CE OFFICER	POLICE
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ecut cam ave y ev	Md.	Prince George		⁰ □ 4312 28th Pla	
and rem	14. FATHER'S NAME Firs	t Middle	Lost 15. MOTHER'S MAIDEN NAME		lost
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compliance of y ever		nission) STATE Maryland	Prince	George	Mt. Ra	inier YES	x No .	3427 East	ern Ave.,	
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The off has	, E					YES 🗌	ио ⊠	CAUSES OF DEATH?		
IN: Tor or u		21d ACCIDENT WAS UNDER				INJURY OCCURRED	(Enter notur	e of injury in Port 1 or F	Port 2, Item 18.)	
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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and complete director, page 3 should be detached for use os the burial-tronsit permit. Then please remove coth should be filed with the State Dept of Health prior to burial, crematian, or remavol, and in any event.	230	BURIAL, CREMATION,	23b DATE	23c NAME OF	CEMETERY OR CR	EMATORY	23d	LOCATION (City or Town	n) (County)	(Stote)
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	24	FUNERAL DIRECTOR		ADDRESS			RECO BY REGI		LEAR S CHATTRE	Lab
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***	1 Thems 188222 Film Will MARYLAND STATE DEPARTMENT OF HEALTH 14-7-59 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201) pr
FOR SHALE ST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 2a DATE KNOWN (X) Month Day Ye	or 2b. HOUR
क क्षेत्र	(Type or Print) Ruth M. Hall OF ESTI- DEATH MATED 1 2 1	69 2:00 p M
ath any delay is ages 1, 2, and 3 ta th farm PM3. Page	3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
ny delay 2, and 3 PM3. Pa partment	female white 5-19-92 76 YRS. MONTHS DAYS HOURS MIL Month 1 Doy 2 Year 19	69 2:00 PM
any dela , 2, and ; n PM3. P	70. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WINDWED TO DIVORCED PRINCE GEORGE S	
form form	Mastergarde, a. S. W	Md.
		BUSINESS OR
ofter de 8. Give R along w with the leath	Riverdale Give street oddress Give stre	con-
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hin 24 nci in niner's pages haurs	160 WAS DECEASED EVER IN US ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT AGORESS	
	(Yes, no or unknown) (if yes give war or doles of service) 21.5-56-7568 Hathryn P. Beaver Anne &	3
ecuted with period of the peri	18 CAUSE OF DEATH (Enter only one couse per line 104 (0), (b) 010 (0)	KIMATE INTERVA. ONSET AND DEATH
cuted gg F great great.	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) / Translated Life Da	ys
pend pend instrument unsif pe	DUE TO, OR AS A CONSEQUENCE OF	
A SI SI SI		eks
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she v of the buri	last (c)	
ficate ing the ded to ded to as a b	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rriffi rantin rantin rantin rantin val.	fracture of right femur & Diabetes, ten years 190 DATE OF OPERATION 120 AU 20 AU 20 AU	TOPSY?
ER: This certificate should the executed certificate, writing the ware pending in auld be farwarded to the Chieffinedical Es. thauld be used as a burial-transit permit. Fan, ar remaval, and in any event within	WAS DEDECAMEDD	iŽŽ NO∏
Thi ficat be d be ar r	21a. EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, from 18)	
verificate Tiles thauld by the shauld later than the control of th	PRIMARY OR CONTRIBUTING HOURAM. Som PM 10-15 1968 fell at home A NURY OCCURRED 121e P. ACF OF INJURY (At home form street 1216 LOCATION Street or R.F.D. No. (at you Town County)	
(AMINER: e the certi e 4 shauld raur files. age 3 shau cremat an,	The state of the s	State
EXAMINER: cute the cert age 4 shault r yaur files. Page 3 shault tremat an, I cremat an,	will norms factory office building, etc) 5028 Silver Hill Court, Suitland, 1.0	i., lid.
		B my op nion
se exe ector. B med fo ECTOR	deoth resulted fram: Natural causes 🖾, Accident 🕍 Suicide 🔲, Homicide 🔲, Undetermined manner 🗌	
TTY DEGREE of the retained be retained prior to burner t	ACTUAL CHIEF MEDICAL EXAMINER CONTROL STANDARD CONTROL ST	
EPUTY ssary, ple funeral di ay be rett INERAL DI Ith proor	SIGNATURE ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S NAME (Type) John Kehoe M.D., Liverdale, Laryland ADDRESS(Street city town, or county)	
TO DEPU necesso the fun 5 may 10 FUNE Health	23a (BURIAC CREMATION, 23b DAJE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, or Jown) (County)	(State)
	BREMOVAL (Specify) 1-16-68 Colon Hill Come trans	1.1-
	24. FUNERAL DIRECTOR ADDRESS 286 REGISTRAR GO 256 REGISTRAR S AGNATURE	ter.
VR A15ME (5)	1 w. w. Chambrack 517-11= St. S.C. DATE 10 1909 1	0



_					TATE DEPARTMENT OF I				
1	O 1 3 a division of vital records, 301 w. Preston street, Baltimore, Maryland 21201 CERTIFICATE OF DEATH								
. 2	1 0	CEASED NAME First		Middle	Last	20 DATE OF OEATH	2b. HOUR A		
ral nd sath		une or printi	sephine	Α.	Hamilton	Manth	18. 1969 12:50M		
er death funeral s 1 and ter death	3 51		4. RACE	A.	S. DATE OF BIRTH	January 6 AGE (In years			
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e executed variation complete complete contract	13a adm	USUAL RESIDENCE (Where deceases Maryland	sed lived, if institution:	Res dence before 13c		41.000	R Westphalia Rd.		
and co	14.	ATHER S NAME First	S Middle	MILTO,	15 MOTHER'S MAIDEN NAME I	and the same of th			
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ar of the house	EE	21a. ACCIDENT WAS UNDERLYII	NG 216 TIME OF INJ	URY	21c HOW INJURY OCCURRED (Ente		ort 2, Item IB.)		
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ATENDING etained by the CTOR: After I should be dirth the State	Н	22a I certify that (*) (th	ns haspital) attend	ed the deceased fr	om	69 to Jan. 18	, 19 <u>69</u> , that 和) (we) last ne dote and hour and from the		
END led S: A		saw the deceased of causes stoted obov	e (%) (we) (did) (dw	beret) view the hody	∠, and that in {mỹ) (our) op ofter deoth	inion deoth occurred on tr	te dote ond hour and trom the		
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OR OR See To See	1		H.M. X.	wolf Mil	DEGREE PHYS.	MED. STAFF DIRECTOR DIPHYS.	JAN 18 1969		
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10.				AND STATE DEPARTME		IARYLAND 21201	14500			
17	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11 3 3 7 2 CERTIFICATE OF DEATH									
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- T - T 0		saw the deceased all	ve on 26 JAN , (I) (we)((did) (did not) view t	19 <i>69</i> , and that in (my	(aur) apinion deat	th occurred on the dot	e and hour and fram the			
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OR DE FE	1	(,	1. Houman	DEGREE PHYS.	G MED DIRECTOR C	□ STAFF □ 20	JAN 1969			
Page Page Page Page Page Page Page Page		22d. PHYSICIAN S NAME (Type)	C. J. HOUMAN	M. 22e ADDR	RIVER	DALE M	D.			
O HOSPI Page 4 m O FUNER director,	230	BURIAL, CREMATION, 23b. D		OF CEMETERY OR CREMATORY	23d LOCA	ATION (City or Town)	(County) (Stote)			
Page of single o	1200	ENGWISED) 1/	29/69 Ft/I	incoln Cem.	Col	mar Manor,				
Ond was	24.	FUNERAL DIRECTORNALLOS	s Funeral ADD		250. REC'D BY REGISTRAF	R 25b. REGISTRAR'S S	GNATURE			
30M REV		Home Inc.	Ma:	ryland	DATE JAN 3 1	1989 Action	eles Judge.			



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	12/	17/69 KK	372		CERTIFICA			,		1368	
. 4 24		CEASED-NAME First		Middle		Lost	20	o. DATE OF DI		v	2b HOUR
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E E		MALE	W	HITE		UN.	KNOWN		lost bidhday) YRS.	MONTHS DAYS	HOURS MIN.
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30M REV VAGE							DATE	6 196	y xua	when Jus	ER.



Ttems#13 de, FilmGing 1/29/19 aCERTIFICATE OF DEATH DECEASED NAME (Type or print) Augusta A. Hausdorf 20 DATE OF DEATH Month Doy January 10. 3. SEX	.`136S
DEFEASED NAME FIRST Middle lost Inch	25. HOUR
า ของไ	Year
7 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (n years 1	1969 7:20PM IF UNGER 1 YEAR F UNGER 24 HRS.
Female White 12/26/80 last birthday) YRS.	ONTHS OAYS HOURS MIK.
70. BIRTHPLACE (Stote or foreign 7b. CIT-ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital Occupation (Kind of work done during most of working its, even if retired) Prince George's Gen. Hosp. Heuse in the second of the	12b KIND OF BUSINESS OR INDUSTRY
Cheverly Prince George's Gen. Hosp. House: Utfe	
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210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Iter	m 18)
TOR CONTR BUTING CAUSE OF OEATH HOUR A.M. Month Day Year [If either, not.fy medical examiner] P.M. 19 2 2 d. NULIRY OF C. REED. Tale. PLACE OF INVIEW AND HOME FARM STREET FACTORY 1 214 (OCATION Street or RED. No. (By or Town)	
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22a. I certify that (I) (this haspital) attended the deceased from 19, 19, 6, to Jan. 10, 19 6 saw the deceased olive on 19, ond that in (my) (say) opinion death occurred on the date	9 , that (1) (WE) last
22a. I certify that (I) (this haspital) attended the deceased from 10, 196, to Jan. 10, 196 saw the deceased olive on 16, ond that in (my) (sw.) opinion death occurred on the date causes stated above, (I) (and not) view the body after death.	and have and from the
TODGES STORED ODOVE, (1) (ACADEMINO) VIEW THE BODY OTHER DEGITS. 22c. DAT	TE SIGNED
DEGREE PHYS DIRECTOR	1611h 1869
22d. PHYSICIAN'S NAME (Type) This Bergemann, M.D. Professional Bldg., Centerwallow, Benoval (Spendy) 23d. Date 23c. Name of Cemetery Or (Rematory 23d. Location (City or Town)) Removal (Spendy) 23d. Date 23c. Name of Cemetery Or (Rematory 23d. Location (City or Town)) The Charles Charles Cemetery or (Rematory 23d. Location (City or Town))	ay,Greenbelt,M Maryland
230 BUR A. CREMATION, 23b. DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town)	(County) (State)
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G PHY:	2	While Not while of work		ACTORY.) 21f. LOCATION Street or R.F.D	4 7	County State
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Page To Ful direct			-28-69 Res	F CEMETERY OR CREMATORY urrection Ceme.	23d LOCATION (City or Town) Clinton, M.	(County) (Stote) aryland
OM REV SE	24.	ROILINS Fune	ral Home, Inc.	250 REC	BY REGISTRA 1969 256 RESISTEAR	A Gold March



1 1/4	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		0137 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01371
HEALTH DEPT.	、 L	DECEASED NAME First Middle Lost 20 DATE KNOWN[X] Month	Day Year 2b HOJR
		(Type or Print) Auttie T. Hendricks OF ESTI DEATH MATED 1	1 169 p M
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hin 24 ncil in 1 n ner's 1 pages 1	16	Howard Hendricks Anne Sh	apparu
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		WHILE NOT WHILE foctory, office building, etc.)	
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se execu setor. Pag extor. Pag ned for lECTOR: P		death resulted fram: Natural causes [X], Accident [], Suicide [], Hamicide [], Undetermined manner	
pleose e) I director. retained I DRECTO		CHIEF MEDICAL EXAMINER	_
		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226. DATE	SIGNED
	,		-69
necessory, plane funeral of smoy be re to FuneRal Health prior	7	NAME (Type) John Kehoe M.D., Riverdale, Maryland ADDRESS(Street, city, town, or county)	
5 5 4 2 D ±	2	30 BURIA, CREMATION 23b DATE 23c NAME OF CEMETERY DR CREMATORY 23d LOCAT ON (CITY or Town)	(County) (State)
	- 1	Removasurial 1/3/69 Mt. Zion Cemetery Wool County, We de l'Alberton Address 1250 RECUBRY REGISTRAR 1250 REGISTR	
VR A15ME (5)		A TOTAL DITTO	
10M REV 1/68	T.	alls Church Funeral Home, Falls Ch. Va. DATE A ! 9 1969 Chart	



· 1			ID STATE DEPARTMENT OF H , 301 W. PRESTON STREET, BALTI		
'	01379	-	CERTIFICATE OF DEATH		1372
and 2 death.	DECEASED-NAME First (Type or print) WILLI	AM DUANE	HENRY JR.	20. DATE OF DEATH Manth JAN 13	7 69 0632AM
	SEX Male	4. RACE Caucasian	S. DATE OF BIRTH 21 December	6. AGE (In years last birthday) 10 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70	o BIRTHPLACE (State or foreign ountry) Idahe	7b. CITIZEN OF WHAT COUNTRY? USA:	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Georges	₿ Md.
10	O. CITY OR TOWN OF DEATH Andrews AFB	in NAME OF HOSPITAL OR IN give street address) Malcolm Gro	W USAF Hosp 12a USUA during ma	i. OCCUPATION (Kind of work done ist of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
6 00	3a USJAL RESIDENCE (Where decear dmission) STATMaryland	sed lived, if institution: Residence before 13b, COUNTY		3 1 1 1 -	•
-	4. FATHER'S NAME First	Middle Last DUANE HENRY	SR IS MOTHER'S MAIDEN NAME FOR MARY	rst M.ddle ELLEN	EUSEBIO Lost
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/	RIFFICA	CONDITION FOR WHICH OPERATION WAS PI	YES NO	20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	
	☐ OR CONTRIBUTING ☐ CAUSE OF GEA	TH HOUR A.M. Manth Doy Year iner) P.M. I		nature of injury in Port 1 or Port 2,	County State
	While Not while at work of work 22a. I certify that (1) (1)	A OFFICE BUILDING, ETC	sed from Jan 6, 196 1967, and that in (my) (our) opin body after death.	4, to Jun 13, 19, 19 into death occurred on the do	<u> </u>
	22d. PHYSICIANS NAME (Type) GEFFE	EY A. GRAHAM	22e. ADDRESS Malcolm G	row USAF Hospita	
2	BESTS PAGES PECTY) 236	/16/69 Fores			
2	24. FUNERAL DIRECTOR Nall Home Inc.		aryland DAMAN	registrar 25b registrar's	SIGNATURE

		MARYLAND STATE DEPARTN	
		0137, DIVISION OF VITAL RECORDS, 301 W. PRESTON ST	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ndpr.		CERTIFICATE OF	DEATH 1273
÷ _2+		ECEASED-NAME First Middle Lost	20 DATE OF DEATH 2b HOUR
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and completely fremove corbon	-	CHEVERLY PRINCE GEORGE'S HOSPITA	RETIRED U. S. Govt.
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S S S S S S S S S S S S S S S S S S S	M		
and rem	14 1		IAIDEN NAME First Middle Lost
e bi	1/-	JOHN HERBERT WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT	ELVIE OPAL Address
icat sicili plea	100.	(es. no. or unknown) (If yes give war or dates of service)	
ph)	-	NO 578-62-8118 Mrs. LU	LA E. HERBERT Same as # 13
e deoth certificate b attending physician permit. Then please on, or removal, and i		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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The law ratending attending hos been se os the horior to	CERTIFICATION	YES	CAUSES OF DEATH?
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PH he had	ı	While Not while of work of work	. 0
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ed the she she she she she she she she she s		saw the deceosed olive an 123-17-19 , and that in (m couses stoted obove, (I) (we) (did) (did not) view the body after death.	ny) (our) opinion deoth occurred on the dote ond hour and from the
To die the transfer of the tra		22b. SIGNATURE	22¢, DATE SIGNED
REC 3 s d wil	L	(X ward B. Landar, M DEGREE PHYS	
v by		22d. PHYSICIAN'S a 22e. ADI	DRESS
ERA The Holy		NAME (Type) ARMAND B GORDON, M.D. 2.	718-CUNVALEWW, WASH, D.C
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 h	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
5 5 5 jiệ 2	_	REMANUEL (Specify) 1-11-69 GATE OF HEAVEN CE	METERY SILVER SPRING MARYLAND,
VR A15 (0,0)		FUNERAL DIRECTOR, MD.	250 RECO BY REGISTRAP 69 256 ASSESSMENT REACHER
30M REV. MEN		FRANCIS J. COLLINS 500 Univ. Blvd. W.	DATE





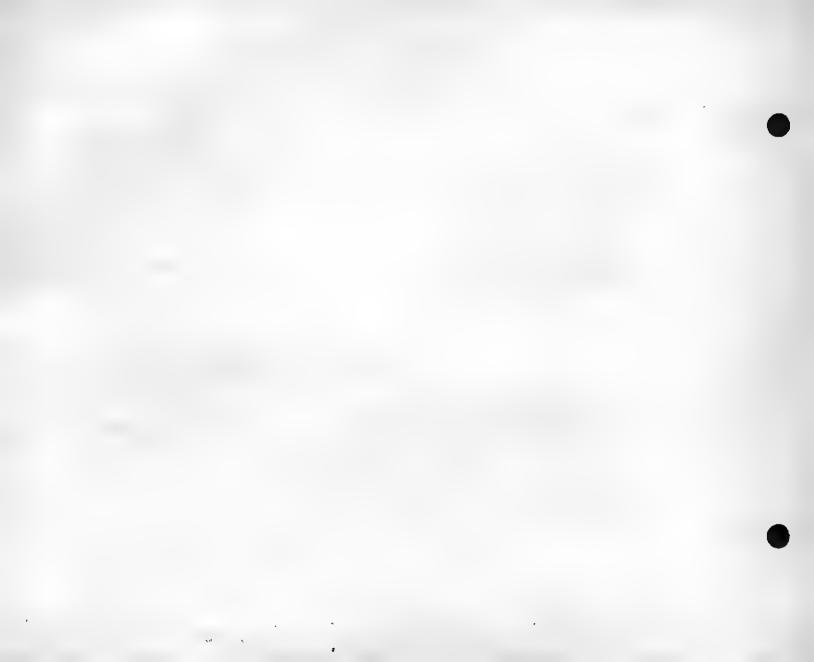
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ye 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		31378
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Manth (Type at Print)	Doy Year 20 HOUR
Poge Proge	(Type or Print) Of ESTI- James Howe DEATH MATED 1-29-	69 195:10pm
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te for second	COUNTRY) New Jersey U.S.A. WIDOWED DIVORCED Prince George's 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in baseled 12a USIJAL OCCUPATION (Kind of work dage)	Md
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should be executed with the ward "pending" in perion to the Chief Medical Example burial transit permit File I'm any event within 72	18 CAUSE OF DEATH (Enter only one cause per ne for (o), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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exe F Me if pe	DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	unknown
the Chie	Canditians, if any, which gave nise to immediate couse (a). (b)	
ould ward ward he Ch nal-tro any	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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NER: This certificate should be executed within 24 certificate, writing the ward "pending" in pencil in hould be farwarded to the Chief Med cal Examiner's les. Should be used as a burial-transit permit file pages stron, ar remayal, and in any event within 72 hours	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLIANG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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Certically confidence of the standard confidence	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f tOCATION Street or R.F.D. Ng. City or Town	
(AMINER: te the certi e 4 shauld raur f.les. age 3 shaul cremation,	f. A	County State
olcal Examiner: se execute the certiforal. Page 4 should ned for your files. ECTOR: Page 3 should build the certiforal community.	WHILE NOT WHILE AT WORK AT WORK	
DEPUTY SICAL E	22a. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🔼, Inquiry 🔲	and in my opinion
dease edurector durector estamed DIRECT	death resulted fram. Natural causes 🔀, Accident 🗌, Suicide 🗍, Homicide 🗍, Undetermined monner [
please of I director retained in DIRECT	ACTUAL CHIEF MEDICAL EXAMINER C	
EPUTY Ssary, ple uneral di ny be reta NERAL Di th prior	SIGNATURE M.D. ASS STANT MEDICAL EXAMINER	1GNED 3069
O DEPUT necessary the funer 5 may be 0 FUNER/ Health p	EAAMINEKS	0-07
TO DEPUTY necessary, the funero 5 may be 10 FUNERA Health pr	23g BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR GRAMATORY 23d LOCAT ON (City or Town)	(County) (State)
F F	Burial Feb 3, 1969 Baltimore National Baltimore,	
- 0	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REG STRAR 25b BEGISTRARS S	IGNATURE
VR A15ME (5)	F. Gasch's Sons Hyattsville, Md. DAFEB 5 1969	an Juagu



	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		0138± CERTIFICATE OF DEATH	
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equires that the death c physicion. signed by the attending burial-transit permit. The	NOI	The cause of Death (Enter only one cause per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	_
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CIAN: pital or trincate d for a	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING or contributing Cause of Death (If either, notify medical examiner) 19 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of Injury in Port 1 or Part 2, Item 1B.)	
PHYSI ne hosp his cer etoche Dept.	ME	21d. INJURY OCCURRED While Not while at work at work at work at work at work at work at work.	
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OR AI OR E reto DIRECTO		22b. SIGNATURE Phomas F Callinia M.D DEGREE PHYS. DIRECTOR D STAFF Jan. 10, 1969	
PITAL moy ERAL D		22d. PHYSICIANS THOMAS F. COLLINS 22e. ADDRESS 200-QUEENS CHAPEL Prof	
TO HOSPITAL OR ATTENPOSE 4 mby be retained to FUNERAL DIRECTOR: director, page 3 should should be filed with the	L	BUR AL CREMATION, REMOVAL (Specify) BUT 1.7 Tan. 13, 1969 Holy Cross Gem. ADDRESS 23d. LOCAT ON (City or Town) (County) (State) Ritchic Hwy. A. A. Co., Nd., REMOVAL (Specify) BUT 1.7 FUNERAL DIRECTOR REMOVED TO SECURITIES OF TOWN (City or Town) (County) (State) Ritchic Hwy. A. A. Co., Nd., REMOVED TOWN (City or Town) (County) (State)	
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2.				ID STATE DEPARTMEN		HADVIAND GLOOT	
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TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the		22b SIGNATURE	Dlaws	DEGREE PHYS	MED DIRECTOR [STAFF 22	c. DATE SIGNED
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 5 should be filed		22d. PHYSICIAN S NAME (Type)	ANNES SAN	AKMA 600	1 dai	colores e	& Clever
House C	230	BURIAL CREMATION, 23b	T	CEMETERY OR CREMATORY		AT ON (City or Town)	(County) (State)
5 5 5 0 V	24	REMOVA (Specify) Burial FUNERAL DIRECTOR	an 22, 1969 Pt 1	Lincoln Cemeter	y Col	mar Manon I	ro Gen Hid.
VR A15 (4) 3 45M - 1/69	14	F. Gase		ille, Md.	HANY 263RA	TODO IN INTEREST	STIGHTAL Y



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 :1380 CERTIFICATE OF DEATH DECEASED NAME Last death. 20. DATE OF DEATH 2b. HOURP pup neral (Type or pnnt) 11:40 Jan. within 72 hours after 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IE ITHOER 24 HRS IF UNDER YEAR last birthday) HOURS Female. Caucasian Oct. 27, 1940 28 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED | NEVER MARRIED .⊆ D.C. U. S. A Prince George's WIDOWED [77] DIVORCED [filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR George's General during most of working life, even if retired) coroplerely Chever1v PublicH barral, cremation, ar remayal, and in any event, 13a USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY JANUTS? Prince George's Palmer Park please remave 7704 82nd Avenue Maryland requires that the death certificate be execuphysician and a 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Lost Middle Morris zuck Pearl Levy 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) 579-52-5001 Harvey Jarboe, Husband see 13 above 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) signed by the burial-transit Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the shauld be file!! with the State Dept. of Haolth priar to has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO T FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, EACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 4-3, 1968, ta 1-24, 1969, that (I) (we) last saw the deceased alive an 10,40 full full full from the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE/SIGNED **ATTENDING** MED. DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Dr. William Greco 6201 Riverdale Rd., Riverdale, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) 23a. BUR AL, CREMAT ON, 23b DATE (County) (Stote) BUT 1 aT Natl. Memorial Park Falls Church, Va. 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) Goldberg Funeral Home 4217 9th St. N.W. 30M REV, 1/68 DATE

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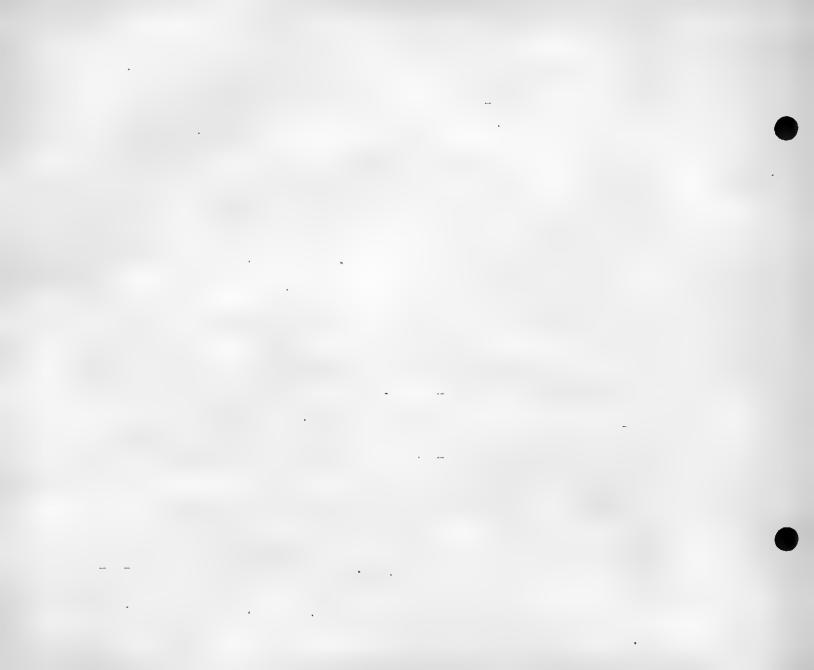
•	1 1 3 8 2 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALLIMORE, MARTLAND 21201	
FUR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	380
HEALTH DEET.	1. DECEASED-NAME 20 DATE KNOWN X Month Doy	
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Pa 3	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years I JUDGE 1 YEAR F JUDGE 24 HRS 2C DATE PRONOUNCED DEAD lost birthday) Months Days Hours Min. Months Days	2d. HOUR
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2 v de	Md. I.G. Kentland Ball 2/31 /3rd Flac	е
thaurs office of after d	14 FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	lost
24, in 1 rs (CHARLIE SEFFERS MARY LOULES SONE	
within 24 haurs) pencil in Item 1 xaminers Office lle pages 1 and 2 72 haurs affer c	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (If yes give war or dates of service) UNKNOWN MARY SUE RUSSELL. 907 ROZLINGS A	v.
n per Exam File	UNKNOWN MARY SUE REASANT PARK	APPROX.MATE INTERVAL
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bical Examiner: se execute the certi- ector. Page 4 shauld ned far your files. ECTOR: Page 3 shau o burial, crematian,	WHILE NOT WHILE foctory, office building, etc.) AT WORK AT WORK	
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ICAL E executor. Paged far CTOR: burnal,	death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	
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EPUTY ssary, funeral ay be ay be inversal	FXAMINER'S DEPUTY MEDICAL EXAMINER \(\textbf{X}\) \(\frac{1-l_+}{l_+}\)	-69
TO DEPUTY DICTOR IN THE FUNCTION OF THE FUNCTION OF TO FUNERAL DIRECT HEALTH PRIOR TO TO THE	NAME (Type) John Kehoe M.D., Riverdale, Maryland ADDRESS(Street, city, town or county)	
TO Dinece the 5 mm S mm S Heal	230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Con	unty) (State)
		LAND
0-0	24 FUNERAL DIRECTOR ADDRESS 250 RECID BY REGISTRAR 255 REG, STRAR S SIGN	ATURE
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	₹ 1 3 8 7 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	74704
FOR STATE	Items 3a, b, c, d, FilmEDICAL/EXAMINER'S CERTIFICATE OF DEATH	31381
HEALTH DEPT.	I 1 DECEASED NAME First Middle Lost I 20 DATE KNOWN Month (Doy Yeor 2b. HOUR
S 0 6 70	Henry rancis demielity DEATH MATED X 1-7-7-	69 191:00amm
deloy is	3 SEX 4 RACE S DATE OF BIRYH 6 AGE IN YEAR 1 F JINDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
	Male White 7-1-1932 86 YRS HOURS MAN Month Day 7	69° 191:15pm M
2, 2, Pp ar	70 BIRTHPLACE (Stote or foreign 75 CT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
arm.	COUNTRY) NEW JERSEY U.S. AMERICA WIDOWED DIVORCED Prince George's	Md.
oge oge ih fe	10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 1)	2b KIND OF BUSINESS OR
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utte icol icol ithi	1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY Gun shot wound of head IMMEDIATE CAUSE (a) Gun shot wound of head	BETWEEN ONSET AND DEATH
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the to to produce in the individual individu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
icat ing ded ded		
war war war war	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Here	20. AUTOPSY?
for for	≧ WAS PERFORMED?	YES NO X
ical Examiner: This certificate is execute the certificate, writing the for. Page 4 should be forwarded to ed for your files. CTOR: Page 3 should be used as a buriot, cremation, or removal, and	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then	n 18)
ert Se. Se. on,	PRIMARY OR CONTRIBUTING HOUR A.M. 1:00 ptm 1-7- 19 69 Shot self with .22 cal. rifle.	
Sho sho		County " Stote
olcal Examiner: se execute the cert. setor. Poge 4 should ined for your files. tector. Poge 3 should o buriol, cremotion,	while Not white Rm. 285, Univeristy Park Motel, College Park, Prince Geo	rge Co., Md.
Pog	22a certify that I taak charge of the remains described above, held an Autopsy , Inspection 🔀, Inquiry ,	
CAI exe or. d for	deoth resulted fram: Natural causes, Acident, Suicide X_, Ham'cide Undetermined manner [
pleose deformance retoined L DIRECTOR LOIRECTOR LOIRECTO	CHIEF MEDICAL EXAMINER	_
TY pleose y, pleose stat direct on retoins RAL DIRE	ACTUAL SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SI	IGNED
UT) any, any, be be	EXAMINER'S DEPUTY MEDICAL EXAMINER \(\text{\textit{Z}}\)	-69
TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
the Hee	230 BERIAL (REMATION / 236 DATE . 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gry or Town) .	County) (Stote)
	I PRINCIPLE IN THE INTERPRETATION OF THE PROPERTY AND THE CONTRACTOR OF THE CONTRACT	CANN
	24 FUNERAL DIRECTOR OF THE CONTROL OF THE ADDRESS ALL AND AND RECORD BY REGISTRAR SET THE ANDRESS AND ANDRESS ANDRESS AND ANDR	GNATURE
VR AT5ME (5) 10M REV 1/68	W. W. CHAMBERS GO RIVERDALE, MARYAMD MAN 14 1969 Charles	1 Judge



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
EALTH DEPT.	T. Affection I. Nov.
	(Type or Print)
2, and 3, to PM3 Page	Johnson DEATH MATED 1-30-69 19 1 OO arms 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years F UNDER 24 HRS 2 C DATE PRONOUNCED DEAD 2d HOUR
13 L	Lock highlights DAYS MONTHS MAYS MONTHS MAYS MONTHS MAYS
- To 0	Female Negro 12-25-1889 79 YRS MARRIED NEVER MARRIED 9 COUNTY OF DEATH
re State De	(O)INTO THE STATE OF THE STATE
ate at	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 120. USUAL OCCUPATION (Kind of work done 12b Kind of BUSINESS OR
The State Department of	Give street oddress) Cheverly Great during most of working life, even if retired) Cheverly Cheverly Cheverly
e of the	130 US.JA. RESIDENCE (Where deceosed I ved, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
files 3 should be used as a burial-transit permit. File pages land2 with nation, ar remayal, and in any event within 72 hours after death	Naryland Prince George's Seat Pleasant 15 No 7320 Arlene Street
land2 after o	14 FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost
S O I	John Newman Lillian
pages haurs	16b. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS
le F	Mrs. Ernestine Pryor 7320 Ariene St
CLOK: Mage 3 should be used as a burial-transit permit. File bur al, cremation, or removal, and in any event within 72	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH
permit. File it within 72	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Bilateral bronchopneumonia
± ±	450 X DUE TO, OR AS A CONSEQUENCE OF
ansi	(onditions, if ony, which gove) (b) Bilateral multiple pulmonary emboli
al-tr any	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
burial-transit I in any ever	lost (c)
ond bus	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
d as al, a	Fracture of right hip - 12-12-68
use may	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
files 3 snould be used lation, ar remava	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 12-16-68 1210 EXTERNAL CAUSE WAS 210 TIME OF NURY Month, Day, Year 210 EXTERNAL CAUSE WAS 210 TIME OF NURY Month, Day, Year 210 EXTERNAL CAUSE WAS 210 TIME OF NURY Month, Day, Year 210 EXTERNAL CAUSE WAS 210 TIME OF NURY MONTH, Day, Year 210 EXTERNAL CAUSE WAS 210 TIME OF NURY MONTH, Day, Year 210 EXTERNAL CAUSE WAS 210 TIME OF NURY MONTH, Day, Year 210 EXTERNAL CAUSE WAS 210 TIME OF NURY MONTH, Day, Year 210 EXTERNAL CAUSE WAS 210 TIME OF NURY MONTH, Day, Year 210 EXTERNAL CAUSE WAS 210 TIME OF NURY MONTH, DAY, Year 211 TIME OF NURY MONTH, DAY, Year 212 TIME OF NURY MONTH, DAY, Year 213 TIME OF NURY MONTH, DAY, YEAR 214 TIME OF NURY MONTH, DAY, YEAR 215 TIME OF NURY MONTH, DAY, YEAR 216 TIME OF NURY MONTH, DAY, YEAR 217 TIME OF NURY MONTH, DAY, YEAR 218 TIME OF NURY MONTH, DAY, YEAR 219 TIME OF NURY MONTH, DAY, YEAR 210 TIME OF NURY MONTH, DAY, YEAR 211 TIME OF NURY MONTH, DAY, YEAR 212 TIME OF NURY MONTH, DAY, YEAR 213 TIME OF NURY MONTH, DAY, YEAR 214 TIME OF NURY MONTH, DAY, YEAR 215 TIME OF NURY MONTH, DAY, YEAR 216 TIME OF NURY MONTH, DAY, YEAR 217 TIME OF NURY MONTH, DAY, YEAR 218 TIME OF NURY MONTH
should lian, a	210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) HOUR A.M.
sho	a cause of DEATH 4:02th 12-12-19 68 Fell at home
emc emc	WHILE DOT WILLES Todory, office building, etc.)
', כר	
9	22a. I certify that I taak charge of the remains described above, held an Autapsy 🔀 , Inspection 🔀 , Inquiry 🔲 , and in my apinion
<u> </u>	death resulted fram: Natural causes, Academt X., Suicide, Hamicide, Undetermined manner
ertai DIR Sin to	ACTUAL CHIEF MEDICAL EXAMINER C
AL price	ASSISTANT MEDICAL EXAMINER [] 220. DATE STORED
N. F.	EXAMINER'S John Kehoe MD Riverdale, d. DEPUTY MEDICAL EXAMINER X 1-31-69
	NAME (Type) / ADDRESS(Sireet, City, Town, or County)
5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3 Health prior to bur al, cremo	230 BURIAL (REMATORY 23d LOCATION (City or Town) (County) (Store) REMOVAL (Specify) (2/3/69 1-A Lincoln Memorial Cemetery Maryland
	Burrial /2/3/69 / Lincoln Memorial Cemetery Maryland 24 FUNERAL DIRECTOR OF THE PROJECT OF THE
VR A15ME (5)	
10M REV 1768	Stewart Funeral Home-4001 Benning Rd., N. EFEB 5 1969 Cumla Voltage
1	



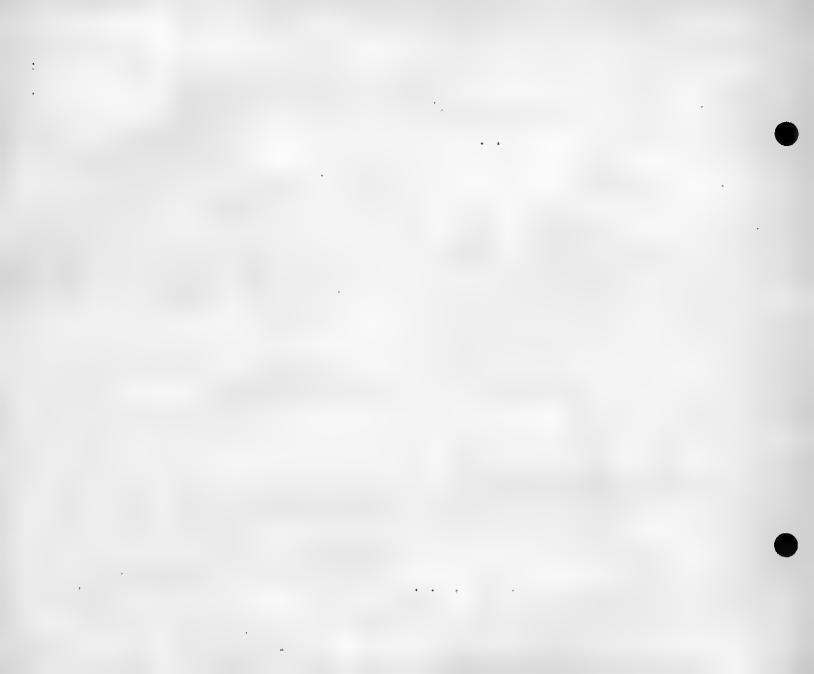
_ 1	MARYLAND STATE DEPARTMENT OF HEALTH	
-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
-	9100	T
1	1 DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Month Day Year	2b. HOUR
-	Micheal Keith Johnson Jan 12 1909 3 SEX 14 RACE S DATE OF BIRTH 6. AGE (In years I if under 1 YEAR)	2,30 AM
3	last hithau) Moutus Days	HOURS MIN
7	Male Negro 6 May 1962 6 WAS 1962 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED TO MEVER MARRIED TO SEVER MARRIED TO S	
ć	Countril a mar a lit C a	
L	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (K.nd of work done 12b KIND OF BI	Md PM
ĺ.	heverly Br. Geo. Gen., Hosp	311123 OK
1	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 13e. STREET AND NUMBER	
	odmission) STATE 13b. COUNTY Pr. Geo. Beaver Hehts NO 1708 Kenilworth	Ave
I	14 FATHER'S NAME FIRST MIDDLE LOST IS MOTHER'S MAIDEN NAME FIRST MIDDLE	Lost
L	John Johnson Margaret	
F	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no., or unknown) (If yes give wors dates of service) 1708 Address nnilwort	h Ave
=	John W. Johnson Md.	
L	18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c) PART I, DEATH WAS CAUSED BY:	T AND DEATH
ı	IMMEDIATE CAUSE (a) Cerebellar Tupor	
н	DUE TO, OR AS A CONSEQUENCE OF	
L	Conditions, if any, which gave rise to immediate cause (a).	
П	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ı	last. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CER	TIEYING
	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CER YES NO NO. CAUSES OF DEATH? Yes	
	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
	S CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor	
1		Stote
	While Nat while at wark of wark	
	22a, I sertify that (f) (this hospital) attended the diseased from In 12 19 69 to Jan. 12 19 69 that A) (we) last
	saw the accessed alive an	d from the
	causes stated above, (c) (we) (aid) to construct the body offer death. 226 DATE SIGNED	
	DEGREE PHYS DIRECTOR DIRECTOR PHYS. Jan. 14	1969
	22d. PHYSICIAN'S 22e. ADDRESS	, 1707
1	NAME (Type) Bernardo Alvarado M. D. Prince Geo Gen'l Hospital Cheverly.	Md.
2	230 (BURIAN CREMATION, 236 DATE 235 NAME OF CEMETERY OR CREMATORY 1 23d TOCAHONACLY or Town) (County)	(Stote)
	REMOVAL (Specify) 1-17-69 (Sallinore natural Calonville)	d
1	24. FUNERAL DIRECTOR 257. 1 = 2 ADDRESS 250 RECD BY REGISTRAR 256. REGISTRAR'S S GNATURE	
	Collins 4337 feet DE DATUAN 17 1969 Charles Ing	泛



- In-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	138 - MEDICAL EXAMINER'S CERTIFICATE OF DEATH C1384
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Year 2b HOU
ay is 3 ta Page ont af	(Type or Print) Carl Jones OF ESTI- DEATH MATED & 1-26-69 19 2:45ar
delay is and 3 ta 3. Page ment af	3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (in years of JNDER YEAR) IF UNDER 24 HRS 22, DATE PRONOUNCED DEAD 2d HOU
ny delay 2, and 3 t PM3. Pog partment c	Male White 7-4-1903 65 YRS HOURS MM Month 200 69eer 193:29am
12.2 (B)	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	COUNTRY) N.C. U.S.A. WIDOWED DIVORCED Prince George's
offer death 3 Gye Pages along with for with the State	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS OR
97 3 3 74	Cheverly give street oddress) during most of working life, even if relired.) INDUSTRY Prince George Hospital
offer alghe death.	13g. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CETY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	derivision State Prince George's Landover YES NO 1313 69th. Avenue
hours Item 1 Office I and 2 after d	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
24 24 24 25 25 25 25 25	Unknown Unknown
ier: This certificate shauld be executed within 24 hours certificate, writing the ward "pending" in pencil in Item 1. aud be farwarded to the Chief Medical Examiner's Office les. should be used as a bunal-transit permit. File pages land 2 tian, of remayal, and in any event within 72 haurs after design.	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Il yes give war or dotes al service) (19
be executed wit "pending" in pe lief Medical Exan nsit permit. File event within 72	
rute ng lical lical	18. CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Heart failure Minutes
exection and indirection of the period of th	4/ DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown
be "pe "pe ief insit	Conditions, if any, which gove 3
vard vard he Ch al-fra	rise to immediate couse (a), (b)— Stating the underlying couse COUNTY OF AS A CONSEQUENCE OF
shauld be executed he ward "pending" in the Chief Medical burial-transit permit.	lost, (c)
ficate s ing the ded to as a b I, and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
is certific te, writin farward farward e used as remayal,	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
This certificate, writing the farwar	190 DATE OF OPERATION 200 AUTOPSY? YES NO 28 210 EXTERNAL CAUSE WAS 210 T ME OF IN. JRY Month, Doy, Year 211. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Herm 18.)
This ficate be for the form of	21b. T.ME OF IN. JRY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, them 18.)
CAL EXAMINER: T execute the certific or. Page 4 should be for your files. CTOR: Page 3 should burial, crematian, or	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19
Min the 4 sh r fil r fil mat	
	AT WORK AT WORK
ICAL E tor. Pa for CTOR: burial,	220. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspect.ax 🔀, Inquiry 🔲, and in my opinio
	deoth resulted from. Natural causes 🔯 , Ascident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined monner
please directe directe etaine pirecta pirecte	CHIEF MEDICAL EXAMINER
	SIGNATURE
DEPUTY Description of the control of	EXAMINER'S DEPUTY MEDICAL EXAMINER \(\bigzim\) 1-26-69
	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)
01 = 01 = 01	230. BUR AL (REMATION ON 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	Burial / 1-29-69 Harmony Cemetery Landover Md.
VR A15ME (5)	24 FUNERAL DIRECTORY FUNERAL D



Par		31383 DIVISION	OF VITAL RECORDS,	301 W. PRESION	STREET, BALTIMORE,	MARTLAND 21201	
FOR STATE		~ X G G G	MEDICAL EX	CAMINER'S CE	RTIFICATE OF D	EATH	1385
HEALTH DEPT.		ECEASED-NAME First Type or Print)		M ddle	Losf	20 DATE KNOWN	
ay is 3 ta Page int af	<u> </u>	Irvin	g	Ruben	Jones	OF ESTI- DEATH MATED [] J	an 10 19 69 5:40
delay and 3 13. Pa	3 5	X 4 RACE	S. DATE OF BIRTH	6 AGE (n years	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	R 24 HRS 2c. DATE PRONOUNCED D	300 120 300
and and rtme	M	ale Negro	December 31		MONTHS DATS FORKS	January 1	Yeor 1969 7140
-549 -8	70	RTHPLACE (Stote or foreign	b. CITIZEN OF WHAT COUNT	RY? 8 MAR	RIED NEVER MARRIED X	9 COUNTY OF DEATH	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COU	try) Maryland	U.S.	WIDO	WED DIVORCED	Prince Georg	e's M
	10. 0	ITY OR TOWN OF DEATH	11. NAME OF H	SPITAL OR INSTITUTION	(If not in haspital 12a	USJA. OCCUPATION (Kind of work	dane 12b KIND OF BUS NESS OR
70 4 2 4	IIn	per Marlboro	give street oddir	ess) 4108 Pra	tt St	ng most of working ite, even it ret None	red.) INDUSTRY None
after de Give olbang worth the death.	136	TISTIA. RESIDENCE (Where decens	ed lived, if institution. Resi	dence before 13c CITY	OR TOWN 13d HSIDE CIT		
	0	dmission) STATEMaryland	Anne Ar	undel Loth	ian YES	NO Box 16 A	
hours offer liter 18. Gi Office about bag 2 with		ATHER S NAME First	Middle	Last	15 MOTHER 5 MAIDEN NAMI	E First Middle	e Last
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Calvin	Eugene	Jones			
hin 24 ncil in niner's pages haurs	160	WAS DECEASED EVER IN U.S. ARMED F	ORCES? 165 SOCI	AL SECURITY NO 1	INFORMANT	ADDRESS	
within pencil xaminel ile page 72 hay	[1	es, no, ar unknown) (If yes give	var or dates of service) No	ne T	rooper Langst	ine, State Poli	ce,Annapolis
be executed wit "pending" in pe nief Medical Exan ansit permit. File event within 72		1B. CAUSE OF DEATH (Enter onl	y ane cause per line for (a)	(b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" ii Medical permit. nt withir		PART I DEATH WAS CAUSED	BY TE CAUSE (a) Br	onchopneum	onia (organi:	sm undetermined)	personal distribution
be executed "pending" ir nief Medical I ansit permit. I event within		4 . 5 x	DUE TO, OR AS A CON	SEQUENCE OF			
be "pe iief insit		Canditions, if any, which gave	(6)				
auld vord he Ch ial-tra any		rise to immediate couse (a), (stating the underlying couse (DUE TO, OR AS A CON	SEQUENCE OF			
shauld be en word "per to the Chief burial-transit		last.	(c)				
s certificate shauld be executed within 2 e, writing the word "pending" in pencil in farwarded to the Chief Medical Examiner's t used as a builal-transit permit. File pages emoval, and in any event within 72 haur		PART 2, OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED T	O THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
iis certificate the writing the farwarded to be used as a be removal, and	2	Fatty Degene	ration of th	e Liver, c	ause undeter	mined.	
certil arwar arwar used mova	ATEO	190. DATE OF OPERATION		DITION FOR WHICH OPE	RATION		20 AUTOPSY?
This cate, be fa	CERTIFICATION	None	WAS		one		YES 🔀 NO 🗌
Three filters of the transfer or or		210 EXTERNAL CAUSE WAS	216 TIME OF INJURY MO HOUR A.M.	inth, Day, Yeor 21	HOW INJURY OCCURRED (Enter nature of in ary in Part 1 or P	art 2, Item 1B)
INER: Time certifice should be files. 3 should a should be files.	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	PM Non		None		
= 9 × + co =	¥	21d NURY OCCURRED 21e. F	LACE OF INJURY (At home, t	orm, street, 21	f. LOCATION Street or R F.D. N	a C.ty or Town	County State
L EXAI ecute 1 Page 4 ar yau R: Page 01, cre		AT WORK AT WORK	tory, office building, etc.) None				
50 E M 0		220. I certify that I to	ook chorge of the remo	ns described obove	, held on Autopsy 🔼	Inspection 🔼 , Inqu	iry 🔼 , ond in my opinion
De e e e e e e e e e e e e e e e e e e		death resulted from-	Natural causes	Accident	Suicide, Homic	ide 🔲 . Undetermined mo	onner 🔲
please direct retainer DIREC		(1)	1100	1	CHIEF MEDICA	L EXAMINER	
y, ple y, ple rral di be reta XAL Di		SIGNATURE DOWN	(+) euch			DIEGE FUGUITER CT	b. DATE SIGNED
Sary Sary Sary Sary FER		EXAMINER'S			Acting DEPUTY MEDIC		January 11, 1969
necessory, please exe the funeral director. I 5 may be retained for TO FUNERAL DIRECTOR Health prior to burid		NAME (Type) Corneliu	s J. Burns.	M.D.		et, city town, or county) Cheve	
5 点 も ひ ま	23a	BURIAL, CREMATION 23b	DATE 2	E NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City or Tawn)	(County) (State)
			15/69 4/1	Adams Cem	etery	Lothian, Ma	
^ ^	24.	funeral director for the tewart Funera	1 1. Ste	WARDESST ,	2Sa. REC	PANEGSTER 1969 REGS	TRAR'S SIGNATURE
VR ALSME IS	IS	tewart/Funera	1 Home - 400)l Bennin	g Road NEE	7 000	and the same



		1		1400		D STATE DEPARTMENT (
-				.11390			BALTIMORE, MARYLAND 21201	
1.00				Beile	5	CERTIFICATE OF DEAT	TH n	1385
14	£ _2£			CEASED NAME First	Middle	Lost	20 DATE OF DEATH	25 HOUR
	hours after death in-by the funeral rise Pages I and 2 Andris after death		{1	ype or print) Beth.	100	Jordon	Month 6 Do	y 69 Year 830 M
	fun 1		3. SE		4. RACE	S DATE OF BIRTH ,	6. AGE (In years	IF UNDER I YEAR I IF UNDER 24 HRS.
	at ages			Female	Negre	5/15/	6. AGE (In years last birthday) 8 > YRS.	MONTHS DAYS HOURS MIN
	or S	,5	7a. B	ADDITION AND ADDITION OF THE PARTY OF THE PA	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
	4 hours after d lin-by the fune sers Roges 1 o		саип	try)	(ISA.	WIDOWED DIVORCED DI		NPA III
	filled filled thin 77			TY OR TOWN OF DEATH			USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
	exercted within 24 hours after death decompletely filled in-by the funeral smove corbon popers. Pages I and 3 ony event, within 72 hadrs after death	J		Clinton	give street oddress)	Gardons duri	ing most of working life, even if retired)	INDUSTRY
	d v	11. 1	T30	USUAL RESIDENCE (Where deceas	ed lived, if institution. Residence before	13c CITY OR TOWN 13d. INSIDE	E CITY LIMITS? 13e. STREET AND NUMBER	
	completely completely eve corbon y event, wi	7 /	admı	ssion) STATE wash.	M3b. COUNTY D.C.	YES D	NO 4427-F.	St. S.E.
	exerca and com remeve in ony ev		14 F	ATHER S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NA	AME First Middle	Last
	2 0 E				Finhouse	-	andreward.	
	ate iciar leos an (WAS DECEASED EVER IN U.S. ARM	are no dates of security		Address	
	physician physician nen pleose noval, and i		1	as, no, or unknown) (If yes give w	231-469-8	85 mollie	= 10049/AS 923.	7- FSF. SE.
	no mo			18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b) and (c).)		APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
	oth ndir it.			PART F, DEATH WAS CAUSED	OBY ITE CAUSE (0) _ Caroli	as arre	et: (VA.	
	de offer off			, intercon	DUE TO, OR AS A CONSEQUENCE OF		_	
	the the ation			Conditions, if any, which gove	10 arter	inceleration.	Heart Dance	0)
	n. n. yy fl			rise to immediate cause (a), stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF			
	es t sicial sed b selftr			lost	4 -	witer me	eleter)	
	AN: The low requires that the death certificate by exected or attending physician. It is been signed by the attending physician and control to the burial-transit permit. Then please heme the burial, cremation, or removal, and in any			PART 2 OTHER SIGNIFICANT COL	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASI	E ORCONDITION GIVEN IN PART 1(0)	
	rec		-					
	low ndii bee		ATTO!	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
	The low re ottending has been se os the th prior to	-X	CERTIFICATION			YES N	O CAUSES OF DEATH?	
	or or us			210 ACCIDENT WAS JNDERLYIN		21c HOW INJURY OCCURRED	(Enter nature of injury in Port 1 or Port 2,	Item 18)
	YSICIAN: The low reposited or ottending certificate has been hed for use as the strong to of Health prior to		륗	DR CONTRIBUTING CAUSE DE DEAT	H HOUR A.M Month Doy Year ner) P.M. 19)		
	PHYSICIAI ne hospital this certifical etached for Dept. of Ho		MEE	214 INTIDA UCC BBID 319	PLACE OF INJURY (AT HOME FARM, STREET, FAI		D No City or Town	County State
	D a Fi co			While Not while ot work				
	by fiter fiter be be Stat			22a. I certify that (1) (th	is haspital) attended the deceas	ed from 12/30,	19 68 to 16, 19	269, that (1) (we) last
_	END led Sid he			saw the deceased a	tive an (6.469-1 e, (1) (we) (did) (did=191) view the	Y, and that in (my) (our) opinian death accurred on the d	ate ond hour ond from the
	tain tain tain tain tain tain tain tain			22b SIGNATURE A	s, (i) (we) (did) (did) view ine	body oner deom.	220	DATE SIGNED
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	y by by good on the file	,		22d. PHYS CIAN S	#	22a ADDDESS	-7	
	TO HOSPITAL OR ATTENDING Page 4 moy be retained by th TO FUNERAL DIRECTOR: After the director, page 3 should be de should be filed with the State	-		NAME (Type)	RED TLAC	DIN, IND WE ADDRES	Clinton, Md.	
	UNI UNI ecto		23o	BJRIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
	Page dis					h Cemetery	Prince George,	
	₩ ¥R A15 (4	M	24 -			7	EC'D BY REGISTRAR 256 REGISTRAR	CSIGNATURE
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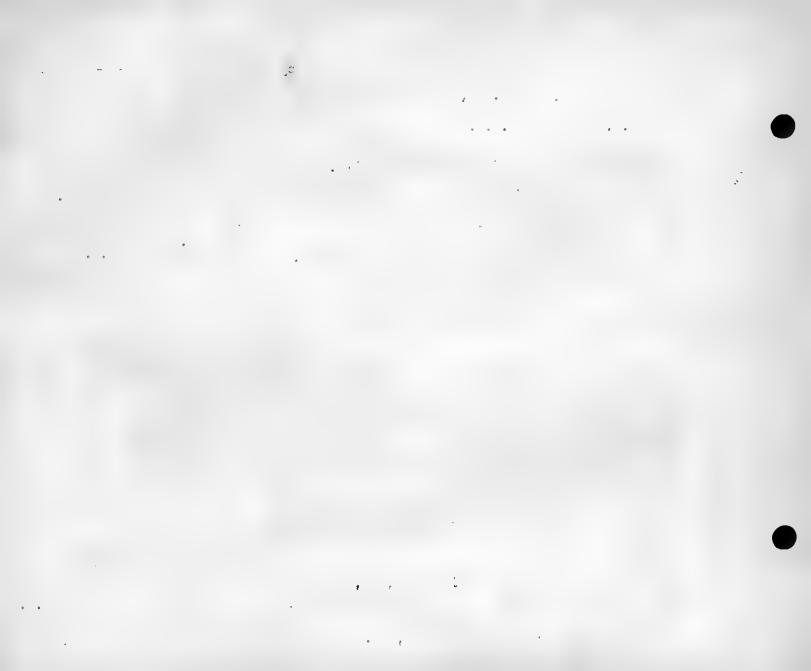
1		7139 7	DIVISION OF V	ITAL RECORDS,	301 W. PR	ESTON STREET, BALTI	MORE, MAR	YLAND 21201		
'	T	tem 1. Film GL	08 1/13/6	0 000	CERTIFICA	ATE OF DEATH			11381	7
2 -:	1 DE	CEASED NAME First	00 1/11/0	M ddie		Last	2a. DATE OF		1959	2b HOUR
by the funeral Pages 1 and noursaffin death	(T	ype or print) Kari	s, Baby C	Ata Donn	a	Marie	Janu	ary 5	Day 19680	6:05 %
F - 1	3. SE		4 RACE			S. DATE OF BIRTH		6 AGE (in years	IF UNDER 1 YEAR	F UNDER 24 HRS.
SE SE		Female	Cauc			01-03-69		tast birthday) YR	ZYAO CHIMOM	20 45
In any event, within 72 nours	70. E	IRTHPLACE (State or foreign	76 CITIZEN OF WHA	T COUNTRY?	8. MARRIED E	NEVER MARRIED XX	9. COUNTY OF			<u> </u>
	caun	Maryland	U.S.	Α	WIDOWED			Princ	e Georges	Md.
	10. C	ITY OR TOWN OF DEATH	11 NAN	IE OF HOSPITAL OR INS	TITUTION (If no	t in hospital 120. USUA		(Kind of work don		SUSINESS OR
14		Cheverly		eet oddress) Ince Georg				life, even if retired) INDUSTRY	
16	13a adme	USUAL RESIDENCE (Where deceasesion) STATE Md.	ed lived, if institution			VECTT NO		REET AND NUMBER		
(17)				eorges		I Hghts -	_ NT-	57th Av	enue	
í	14 F	ATHER'S NAME First	Middle	Last		MOTHER'S MAIDEN NAME FI		Middle		Lost
		John	J.	Karvi			harlott		Granth	am
		WAS DECEASED EVER IN U.S. ARM es, no. grunknown) 1 1 yes give w	NED FORCES? rar or dates of service)	66 SOCIAL SECURITY I		FORMANT	- 012	Address		1T
						ohn J. Karvi	8 OT)	or no	Capitol	IIE US
5		18. CAUSE OF DEATH (Enter on PART DEATH WAS CAUSE	ly ane cause per line	far (a), (b), and (c)) Discourse	stress Syndro				ISET AND CEATH
3		IMMEDIA	ATE CAUSE (a)	Kespital	ory Drs	tress syndro	me.			
: burial, crematian, ar remaval,		Conditions, if ony, which gove Prematurity.								
E E	ı	Conditions, if any, which gave rise to immediate cause (a), ((b)							
2	1	storing the underlying couse DUE ID, DR AS A CONSEQUENCE OF								
		ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
		PART 2 OTHER SIGNIFICANT COL	DILIONS CONTRIBUTION	NO TO DEATH DOT IN	OI KLINIED TO	THE TERMINAL DISCUST WAS	OILDING!	· iii i raci iqu		
	CERTIFICAT.ON	19a DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a AUTOPSY?	20b. IF	YES, WERE FINDING	S CONSIDERED IN CE	RTIFYING
2	N SE					YES NO T	CAUSES	OF DEATH?		
_		21g. ACCIDENT WAS UNDERLYIN				W INJURY OCCURRED (Enter	nature of inju	ry in Part 1 or Part	2, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	Month Day Year						
	MEC	21d. INJURY OCCURRED 21e.	PLACE OF INJURY			CATION Street or R.F.D. No	City	ar Tawn	County	State
	П	at wash								
	١.	220. I certify thot (1) (the sow the deceased to couses stated obove	is hospitol) otter	nded the deceose	ed from	Jan. 3 , 196	9, 10	Ian 5.,	19 <u>69</u> , thot	(k) (we) lost
		sow the deceased of	live on	an.	19_69_, one	l thot in (ऋy) (our) opi	nion death (occurred on the	dote ond hour	and from the
		22b. SIGNATURE	s, or (wall color) is	PROXING) Yew arre)			1.2	22c. DATE SIGNED	
		ZZD. SIONATORE	11.	No 1	DEGR	EE PHYS	IED. Irector	STAFF PHYS.		
)	1	22d. PHYSICIAN'S	11/4	-/1		22e. ADDRESS				
1		NAME (Lype) Bern	ardo Alva	rado, M.	D.	Prince Geo.	Gen'1	Hospital.	Chevelr	y, Md.
	230.	BURIAL, CREMATION, 236	DATE	23c NAME OF	CEMETERY OR	CREMATORY Cemetery	23d LOCAT C	ON (City of Town)	PG (County)	(Stote)
			1-8-1969	Cedai	r Hill					удана
120	24	FUNERAL DIRECTOR SETT I	Pood Sur	+land M	nome	250. RECD B	Y REGISTRAR	369 REGISTRA	AR'S SIGNATURE	7
MARIN		4 JUD DULLULEHIU	TRUCKLY DUL	romania Pli	الليبا ٧. لب	DATE			()	EF 1



					STATE DEPARTA					
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En Acia	1 DI	em5 FilmGli09 2/	3/03 KK	Middle	Lost	2	D. DATE OF DEATH			2b HOUR
8 5 7	(I	ype or print) Barbar	a		Kefalas		Month	30%	PALG	II PI
he funeral	3. SE		4 RACE		S. DATE OF B	BIRTH 37	6. AGE (n ye			F JNDER 24 HRS.
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haurs in by t rs Par	70 E	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8	· MARRIED 🔲 NEVER MA	RRIED 7	OUNTY OF DEATH		/	
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	11	Yattsville M	10 1/41	4 UNIV.	DIVA	24	-udeut		-	•
requires that the death certificate be executed within 2 g physician. I signed by the attending physician and completely filled burial-fransit permit. Then please remave carban pala burial, arematian, ar remaval, and in any event, within	admi	USUAL RESIDENCE (Where deceases said) STATE	13b COUNTY	SEOVAES	3c city or town H <i>yattsville</i>	13d INSIDE CITY LIMITS? YES NO	13e STREET AND NUM		Blud	
and c remo	14, 1	ATHER'S NAME First	Middle	Lost	15. MOTHER S N	AAIDEN NAME First	4 8	ddle		Last
se r	L	JAMES	HRXhul	NEXA las		JOSEPI			Sa	UD
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phy en ava		NO		<u> </u>	Sister	الما		SAN	APPROXIMA	(narrow)
ing ing		 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) 			. 1:			- }	OCTWEEN ONS	ET AND OFATH
that the death certific an. by the attending physi transit permit. Then pl crematian, ar remaval,		, ~ IMMEDIA	ITE CAUSE (a) TATE		Malignancy				DNE	YEAR
he of per		Canditions, if any, which gave		A CONSEQUENCE OF				1		'
at the sit is mati		rise to immediate cause (o),	(b) US	teogenic	Sarcoma			-		-
s tha tian. 1 by fran ren		stating the underlying cause	DUE TO UK AS /	A CONSEQUENCE OF						
equires that the physician. signed by the burial-transit burial, cremat		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTION	IG TO DEATH BUT NOT	PELATED TO THE TERMIN	AL DISEASE OR COND	TION GIVEN IN PART 1(a)		-	
n signal		THAT Z OTHER STORITIONS CO.	torrious contribution	O TO BERTH OUT HOT	NEONIED TO THE TEXAMO	AL DISEASE ON COME	sirem in raid i(e)			
law ndin beer s thi iar t	NOL	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERF	ORMED 20g AUT	OPSY?	20b. IF YES, WERE FIN	DINGS CONSI	DERED IN CER	TIFYING
IAN: The law retail at a attending I ficate has been sfar use as the Effer the filter to the filter	CERTIFICATION				YES [NO [7	CAUSES OF DEATH?			
N: T or or or us		21a. ACCIDENT WAS UNDERLYIN			21c. HOW INJURY OF		ure of injury in Part 1 ar	Port 2, Item	18.)	
CIA 計 記 記 記 記 記 記 記 記 記 記 記 記 記 記 記 記 記 記	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT		Month Doy Year 19						
PHYSICIAN: The low rather haspital ar attending this certificate has been detached far use as the Boet. of Health priar ta	WE	21d INNIRY OCCURRED 21e.	PLACE OF INJURY (AT	HOME, FARM, STREET, FACTO	RY.) 21f LOCATION Stre	eet or R.F.D., No.	City or Town	Co	unty	State
this this deta		While Nat while at work at wark		TICE BOTCHINGS CON			0	,	_	
by Inches	1	22a. I certify that (I) (th	s hospital often	ded the deceased	from Van	, 1968	, 10 Jou	19.0	Z, that (
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priarta		saw the deceased a causes stoted above	live an (di	id not) view the bo	dy ofter death.	ny) (gga.) opinio	n death ac d rred on			nd from the
R Al		22b SIGNATURE	Meso	hatel	M.D. ATTEND	ING MED.	TOR STAFF	22c. DATE	SIGNED / 19	1969
Ties as	L	22d. PHYSICIAN'S	1	- June	22e. AD	DITTE	TOK FILIS.	Total I	- 11	. , . ,
ERA ERA ERA ERA ERA II, p		NAME (Type) Charl	es F. Ges	schickter	183	34 Conn.	Ave., N.W	/. Wa	sh., I	D.C.
O HOSPITAL OR Page 4 may be of FUNERAL DIRI director, page 3 should be filed v	23a.	BURIAL, CREMAT ON, 23b.		23c NAME OF CE	METERY OR CREMATORY	_	d. LOCATION (City or Tov	vn) (€	aunty)	(Stote)
5 5 5 8 8		REMOVAL (Specify) Fe	6. 1, 1969		a Gardens (Arlington,	Virgin	ia.	-
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR	M I T	ADDRESS / //	4. 1. 1/.	2Sa PECID BY RI	GISTRA 96925b	PARAN STATE	a family	
30M REV 1/68	C	M. France,	Murphy Fu	neral Home	, tille, Va.	DATE	" " " " " " " " " " " " " " " " " " " "			



MAKYLAND STATE DEPAKIMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3139, CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last First 2n. DATE OF DEATH 2b, HOUR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type or print) Manth Year W. Kennev John. :10A M 1969 3. SFX 4 RACE S. DATE OF BIRTH AGE (In years SF JINDER I YEAR IF UNDER 24 HRS 4/4/96 last berthday) White MEINTHS I DAYS HOURS Male 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED | DIVORCED [Prince George's filled Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Prince George's Gen. Hosp. (ARPENTER INDUSTRY Cheverly 13a. USUAL RES DENCE (Where deceased liver) if institution, Residence before 113c. CITY OR TOWN 13d INSIDE GTY HMITS? 13a STREET AND NUMBER 138 COUNTY YES NO 2445 Lyttonsville Rd Montgomery Silver Sprin cremation, or remaval, and in any M ddla IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First FHNEY 166 SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSPOUENCE OF signed by the burial transit p burial, cremati Canditians, if any, which gave) rise ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE! stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY NOT RELATED TO THE TERMINAL DISEST OR CONDITION GIVEN IN PART 1(a) has been s rse as the b th prartab 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO ROC be detached far use State Dept. of Health TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY CONTRIBUTING CAUSE OF DEATH HOUR A M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 2000, 1968, ta Jan 4, 1969, that (I) (we) last saw the deceased alive an 1969 and that in (my) (aux) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (tid not) view the bady after death. director, page 3 shauld shauld be filed with the 226, SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR 22d PHYSICIAN'S 3503 Perry St., Mt. Rainier, Md. NAME (Type) Don B. Cameron, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL CREMATION CEM VR A15 (4) 30M REV 1/68

MAKILAND SIAIE DEPAKIMENI UP MEALIN

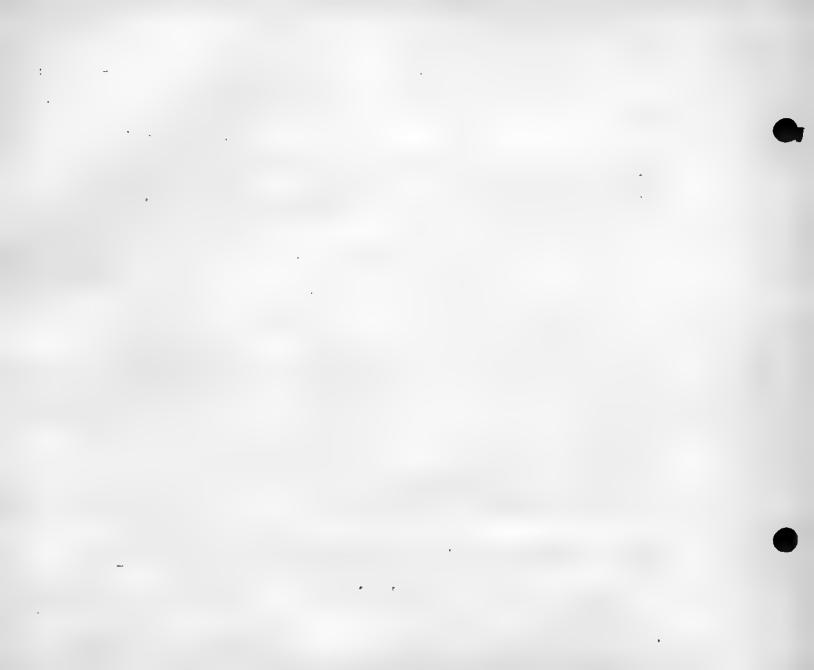


\	1		STATE DEPARTMENT OF HEAL		
7.		DIVISION OF VITAL RECORDS, 30	RE, MARYLAND 21201		
	L	3139.5 CEI	RTIFICATE OF DEATH		81201
. /= ~=	1 [ECEASED NAME First Middle	Lost 2a.	DATE OF DEATH	2b HOUR
funeral 1 and 2	((ype or print) Magazi	KENNEU	Month Day	78510 1451 M
	3 5	EX 14 RACE	S DATE OF BIRTH /	6 AGE (in years	F JNDER 1 YEAR IF UNDER 24 HRS.
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by years		BIRTHPLACE (Stole or foreign 7b. CIT ZEN OF WHAT COUNTRY? 8.	JAN 30- 188	36 7KS.	
I haven in by ers P	cau	ntry) A 1 T	WANKED THE SELECT MONKY IED	UNTY/OF DEATH	
n 24 h	<u> </u>	277	WIDOWED TO DIVORCED	TLINCE GEO.	Md Md
		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INST TL		BPATION (Kind at wark done working life, even if setured.)	12b XIND OF BUSINESS OR INDUSTRY
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ed car	13a		C CITY OR TOWN ME INSIDE CITY LIM TS?	13e STREET AND NUMBER	9
dam dam	001	SSION STATE DE. 38 COUNTY	CASIT. YES NO	1425 N	ST NW
and camp remove in any eve	4.	FATHER'S NAME First Middle Lost	IS MOTHER'S MAIDEN NAME First	Middle	Lost
Aguires that the death certificate be physician. signed by the attending physician and burial-transit permit. Then please renbusial, are mayal, and in an	П	PATRICK MAHAN	EL12964.Th	1 HEALEUI	
a se ci de la		WAS DECEASED EVER IN US ARMED FORCES? 16b. SOCIAL SECURITY NO.	17 INFORMANT /	Address	
N S C D		(es, no, or unknown) (yes give war as dates of service)	(C)//IAM 5	AFNINEW,	SON,
cert nav	F	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c))			APPROXIMATE INTERVA
# in 1 in 1	ı	PART 1. DEATH WAS CAUSED BY:	. 71 . d I .:0.		BETWEEN ONSET AND DEATH
dec dec rmil	П	IMMEDIATE CAUSE (0) Congestiv	3 /4call 1 7 music	۷	Leller.
he all	П	DUE 10, OR AS A CONSEQUENCE OF		i	S de
at the state of th	П	rise to immediate couse (a)	raserrun lecerd	in	o anys.
tra tra	П	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	and there of)*	- 1
PHYSICIAN: The law requires that the death certificate be haspital ar attending physician. his certificate has been signed by the attending physician artached far use as the burial-transit permit. Then please r Dept. of Health prior to busial, cremation, ar remaval, and in	П	lost (c) Circlaral	ar fer loseter a	- 27	
ph ph bing bus	П	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART I(o)	
DING PHYSICIAN: The law reby the haspital or attending ther this certificate has been be detached far use as the State Dept. of Health prior tate	18				
s bria	CATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFOR	RMED 2Da. AUTOPSY?	206 IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
The att has be the	CERTIFI		YES NO 🔀	CAUSES OF DEATH?	
are are		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter notur	e of injury in Port 1 or Port 2, Item	n 18.)
音音音	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH OUR A M Month Day Year (If either, notify medical exominer) P.M.			
responding the control of the contro	ME	21rt NILDRY OCCURRED 21e PEACE OF INVESTRY AND HOME FARM, STREET FACTORY	2) 2)f. LOCATION Street ar R.F.D. Na	City or Town	Caunty State
R ATTENDING PHYS retained by the has ECTOR: After this cel 3 should be detache with the State Dept.		Whi a Not while of work of work		^	,
NG # # # # # # # # # # # # # # # # # # #		220. I certify that (I) (this haspital) attended the deceased	from Och 24, 1965.	to Acin 15, 196	4, that (i) (we) lost
A P P P P P P P P P P P P P P P P P P P	L	220. I certify that (I) (this hospital) attended the deceased saw the deceased alive on 196	=4, and that in (my) (our) opinion	deoth accurred on the date	and hour and from the
ATTEN atoined CTOR: A shauld iff the	1	couses stated above, (i) (we) (did) (did not) view the bod	ly ofter deoth.		
R All references as showith	Н	220. SIGNATURE	ATTENDING A MED	22c/PA	TE SIGNED
DIR be 3 ed 3	L	Cichinal T Shew M.	DEGREE PHYS. MED DIRECTO	R D STAFF D Ya	n16 1969
AL (AL)	П	22d PHYSICIANS	22e ADDRESS		1/5
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta		NAME (Type) DR. RICHARD F Sh	AW 1324-MIC	MIGHN AVE	11/2
aul aul	230	BOR AL, CREMATION, 236 DATE 23C NAME OF CEMI		LOCATION (City or Town)	(County) (State)
6 g 0 jp g	1	REMOVALISPOCHY) //16/69 ST. 4	ATRICK'S X	COURTH M	155
	24	ELINERA. DIRECTOR ADDRESS		STRAR 250 PERS STRARS ST	NATURE
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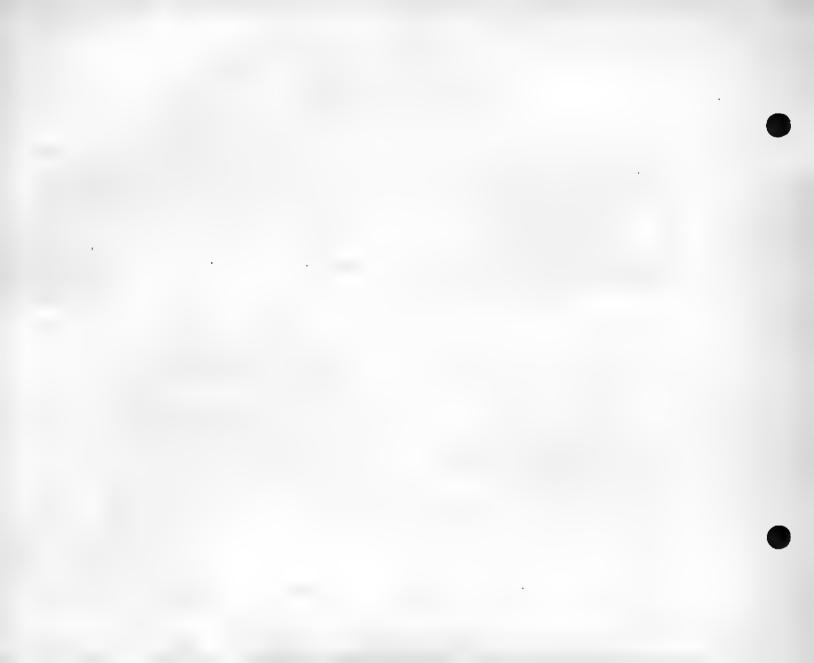


1	MARYLAND STATE DEPARTMENT OF HEALTH	
EOD CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1393
FOR STATE HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Do	
	(Type or Print)	,
oy is 3 to Poge ent of	Doris M. Kling DEATH MATED 1-25- 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
del del	Sent 25 1020 as producty MONTHS DAYS HOURS MIN Month Day	78919 5:30amm
Day deloy is 2, and 3 to PM3 Page	Venere Murre	O917 9 a DOLLAM
- E VQ	76 B RTH MACK Hards of broad 76 CHIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Prince George's	Me
after deoth 8. Give Pages olong with for with the State	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to 120 USUAL OCCUPATION (Kind of work done 12)	6 KIND OF BUSINESS OR
deoff with	Cheverly give street oddress dupages of Morring fe, even if retired IN	OWN Home
s after 18. Giv olong with deoth	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d MISIDE CIT UMISS? 13e STREET AND NUMBER	
rs aft 18. C e olor 2 with deot	Maryland Prince George's Hyattsville 15 43rd. Aven	ue
hin 24 hours after death natil in Item 18. Give Page niner's Office along with poges 1 and 2 with the Stath hours ofter death	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MADEN NAME First Middle Louise	Campbell
		camboett
	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. MOOr unknown) (Hyes give wor or dates of service) 536 10 1785 Robert E. Kling Jr. Same as # 13	(husband)
ed with period in period in Francis 72 in 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding" it Medical I permit.	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Carcinoma of the liver	
exe end if pe	77/8 DUE TO, OR AS A CONSEQUENCE OF	
d "p Chief	Conditions, if ony, which gove anse to immediate cause (a), (b)	
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TY Decore executively, please executively director. Popule eretained for the DIRECTOR: (AL DIRECTOR: 6 prior to buriol.)	220 I certify that I took charge of the remains described above, held on Autopsy 🗵, Inspection 🗷, Inquiry 🗍,	ond in my opinion
oleose explored director. etained DIRECTO DIRECTOR	death resulted from: Notwol couses 🗷 , Ascident 🗌 Suicide 🔲 , Homicide 🔲 Undetermined manner 🗌	_
pleose e retained L DIRECTOR to bu	S ACTUAL CHIEF MEDICAL EXAMINER 226 DATE SIG	CNED
JTY.	DEDUTY MEDICAL EXAMINED TO	6-68
TO DEPUTY. SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
TO DEPO necessor the fun 5 may 70 FUNE Health		ounty) (Stote)
	230 BURIAL (REMATION, 23b DATE 1/28/69 23c. NAME OF CEMETERY OR CREMATORY Colman Manor P. Co	G. Md.
0.1	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REG STRAR S SIG	
VR A15ME (5)	Francis Gasch's Sons Hyattsville, Md.	Judge



1	ı	01398	DIVISION OF VITAL RECORDS			MORE, MAR	YLAND 21201	3139	Z	
	1	11000		CERTIF	ICATE OF DEATH			- + 0		
축 _2=		ECEASED-NAME First	Middle		Lost	2o. DATE OF		v	2b HOUR p	
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fur fer	3. S	EX	4. RACE		S. DATE OF BIRTH		6. AGE (In years lost birthday)		HOURS MIN	
s of the		Male	Caucasian		August 27,	1958	YRS.	MONTHS DAYS	HUUKS MIN	
The state of the s	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED X	COUNTY OF	DEATH			
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		wfoundland	U.S.	WIDOWI	D DIVORCED	Prince	e George		Md.	
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be executed within 24 haurs after death. I and completely filled any the funeral e remave carban papers Reges T and 2 in any event, within 22 haurs after death	A	indrews Air For	ce Base Malcolm	Grow L	SAF Hosp			INDUSTRI		
npletely e carbar vent, we	130.	LSUAL RESIDENCE (Where deceos	sed lived, if institution. Residence befor	e [13c CITY	OR TOWN 13d INSIDE CITY LIN		LEET AND NUMBER			
ave ave		Maryland	Prince George		Springs YES X NO	7,70	3 Colonial	Drive		
and and and and and	14	FATHER S NAME First	Middle Lost		IS. MOTHER'S MAIDEN NAME FI		Middle		Lost	
a se	L		Edward Krause		Carol Jean					
cate Sicrio plea , an	160	WAS DECEASED EVER IN L.S. ARM	WED FORCES? 16b. SOCIAL SECURIT	YNO.	7. INFORMANT		03 Coldensia			
phy en grad	<u> </u>	res, no, or unknown) (If yes give w	None		John E. Krause	(F)Car	np Sptings		ATE INTERVA.	
e La	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)									
leati mit.	10. ISUAL RESIDENCE (Where decessed rived, if institution Residence before 13c. CITY OR TOWN 10d saves circ unity 13e. STREET AND NUMBER 5303 Colonial D 13e 13e									
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at a see a see a	CERTIFICATION	210. ACCIDENT WAS UNDERLYIN	NG 216 TIME OF INJURY	21c	HOW INJURY OCCURRED (Enter	noture of injur	v in Port 1 or Port 2. I	tem 18.1		
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PHYSICIAN: e haspital ar his certificate stached far J Dept. af Heal	MEDICAL	(If either, notify medical exami	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY, 1 21f	LOCATION Street or R.F.D. No.	City	or Town	County	State	
PH his his etac Dep										
NC Y THE GE of a fee	1	22a. I certify that (I) (th	is hospitol) ottended the decedulive on January e, (I) (we) (did) (dwxx) view th	sed from	3 December, 1968	, ta	January, 19	69 , that	(I) (we) lost	
TENDING med by th DR: After to sold be d the State	П	saw the deceased a	live on 1 January	19.69	and that in (my) (aur) api	nan death c	iccurred an the da	te and haur o	ind from the	
THE SECTION OF THE PROPERTY OF		couses stoted obovi	e, (I) (we) (did) (dxdxxxt) view th	e body atte	er death.	/	1 00. 1	DATE SIGNED		
OR A DIRECTOR S S S S S S S S S S S S S S S S S S S		226 SIGNATURE	B /	MD DI	EGREE PHYS DE	ED RECTOR		January	1969	
y be age	Н	22d PHYSIC AN S	· Lewy	0	22e ADDRESS Malo					
RAI PITA		NAME (Type) WILBUR	F. BURGER		Andrews Af	B. Was	hington. D	.C. 203	3.1	
SOSI UNE ecto auld	230	BURIAL CREMATION, 23b	DATE 23c NAME (OR CREMATORY	23d LOCATIO	N (City or Town)	(County)	(Stote)	
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt	B	market and the state of the			Mational	Ar	lington	Virgi	nia	
₩ ₩ A15 (4)	24.	FUNERAL DIRECTOR O DOTT	E. Wilhelm Functor			REGISTRAR	25b. REGISTRAR 5	SIGNATURE		
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MAKITAND STATE DEPARTMENT OF HEALTH

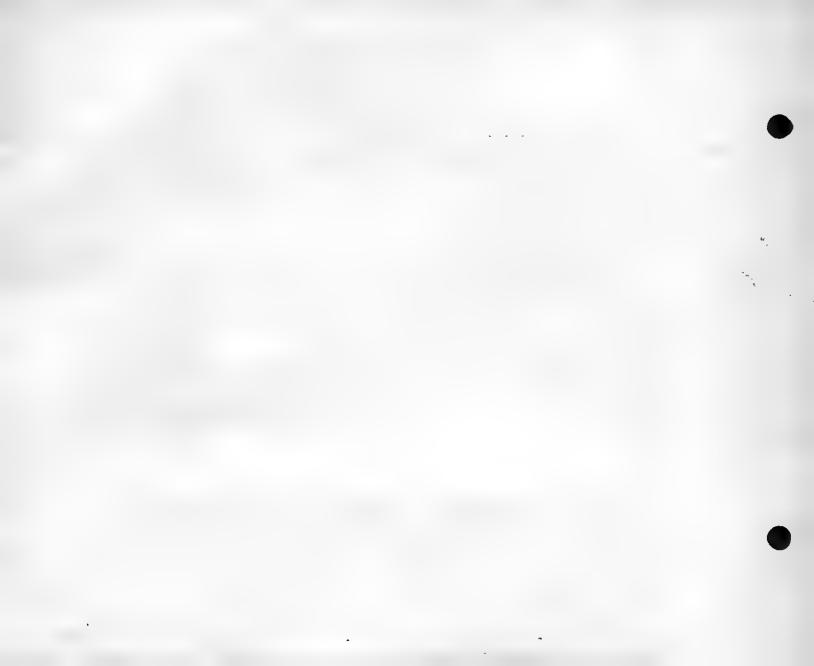


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2139. CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH death. 2b HOUR and (Type or print) Month Carl Kulsrud J. 969 4 RACE 3 SEX S DATE OF BIRTH 6 AGE (In years IF UNDER YEAR lost birthday) March 23, 1889 MONTHS! Male white within 24 hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED T NEVER MARRIED country) Norway USA Prince George's WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a USUAL OCCUPATION (Kind of wark done 12b, KIND OF BUSINESS OR g.vq.street address) Memorial Hospital during mast of working life, even if retired.) INDUSTRY carbon Riverdale U S Goy't. llistorian 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 3c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIM TS? adm ssign) STATE 13b COUNTY 4901 remove Somerset Rd Pro George's Riverdale 4 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME FIRST First M ddie Last Kulsrud Lena Olaus . . :.] Kulsrud law requires that the death certificate be ease physicion 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. . 7. INFORMANT Address (if yes gay was or dates al service) Yes, na ar unknown) Riverdale, Md. Mary B Kulsrud APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line, § BETWEEN ONSFT AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS Conditions, if any, which gave tronsit rise to immediate cause (a). Š stating the underlying cause burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been detached for use as the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES [Heolth 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) THOR CONTRIBUTING THE CAUSE OF DEATH HOUR AM. Month Day Year (If either, notify medical examiner) 2 rd. iNouRY OCCURRED / AT HOME, FARM, STREET FACTORY \ 21e. PLACE OF INJURY 21f LOCATION Street at R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from be NOV 25 , and that in (my) (our) apinion death accurred on the date and hour and from the saw the deceased alive on... be retoined TO FUNERAL DIRECTOR: causes stated above, (1) (we) (did) (did not) view the body ofter death ATTENDING PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, 23d LOCATION (City or Town) 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION (County) REMOVAL (Specify) Burial Colmar Manor Pro Geo Md. Ft Lincoln Cemetery 24. FUNERAL DIRECTOR 25g. REC D BY REGISTRAF F. Gasch's Sons Hyattsville, Md.



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4	ē	ent ti		1B. CAUSE OF DEATH (Enter	anty one couse per						APPROXIA	NATE INTERVAL NSET AND DEATH
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	es 1	8 -	Т	last	10	Congestiv	e Heart	Failure				
	shys.	signed by the attending physician and complete burial-transit permit. Then please remave carl burial, crematian, ar remaval, and in any event,	1	PART 2. OTHER SIGNIFICANT					ITION GIVEN	IN PART 1(c)		
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	The office	has e a h pr					YE	NO 🗔	CAUSES C	OF DEATH? NO		
	- I	ute L						Y OCCURRED (Enter nat	ure of injury		Item 18.)	
	E I		IAEDECAL	GONTRIBUTING CAUSE OF	DEATH HOUR A.M. DEATH P.M.	. Manth Day Year						
	y SI	cert thed	195		Rie. PLACE OF INJURY			Street or R.F.D. No.	City of	r Town	County	State
	OR ATTENDING PHYSICIAN: The law requires this be retained by the haspital ar attending physician.	D FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept of Health priar ta	П	While Nat while at work								
	N &	After d be c e State		22a. I certify that (1)x	(this haspital) at	tended the decease	ed fram 28	Dec, 19_68	, ta <u>l</u>	<u>Jan</u> , 19	69 , that	* (we) last
	END	rhe S		saw the deceased	dive an]	Jan ((did not) view the	9_69, and that is	n (ჯუჯ) (our) opinia	n death ac	curred on the d	ate and haur	and from the
	I di i	5 4 4		22b SIGNAPURE	ave, (Mr. (we) (Mr.) (did fidi) view file	budy difer dealli.		-		DATE SIGNED	
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	Page 4 may b	FUNERAL DIRECTOR: irector, page 3 shauld hauld be filed with the	22		Bb DATE		CEMETERY OR SEEMONDS			(City or Town)	(County)	(State)
	H C	5 도 5 전	4.5	Druppies of 1	1-4-68		CEMETERY		CROTTE	y Guadoluj	, ,,	' '
	F	=	24	, FUNERAL DIRECTOR	1-4-00	ADDRESS	CERTAIN	20 AREL DOY RE	GIS NACO	250 LREGISTRAR	S.SIGNATURE # 20	
		VR A15 (4) 30M REV 1/68		F. GASCH'S S	ONS	HYATT SVILLE	E. MD.	DATE	1000	1	00	13
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
EOD CTATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1398
FOR STATE HEALTH DEPT.		
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Podes With lors	10 CITY OR TOWN OF DEATH 1) NAME OF HOSP TAL OR INSTITUTION (If not in bospital 1) USUAL OCCUPATION (Kind of work done 1)2	Md 2b. KIND OF BJSINESS OR
	give street address) (at a most of working life even if refred.) IN	DUSTRY Post Skins
fre one of the state of the sta	Cheverly Prince George Hospital Hanginian II	e.S. rose office
	Naryland Prince George 's Capitol Hgts YES NO 6207 Shadyside	Avenue
tem 18 Office of 1 ond 2 w	14 FATHER STNAME FIRST Middle O SOST IS MOTHER'S MANDEN NAME First Middle	Last
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hin ned nime pog	16a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ng. or unknown) (If you give wat and one of service) (Yes, ng. or unknown) (Yes, ng. or unknown)	#/3
d with the Exart Exart File in 72	B CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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should be executed on word "pe≣ding" is on the Chief Medical buriol-transit permit.	Conditions, if ony, which gave)	
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his certificate, writing the forward or be used or removal,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	20. AUTOPSY?
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(AMINER: te the cert te 4 should rour files age 3 shou cremation,		County State
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ical E executor. Poped for ed for crore: burrol,	220. I certify that I took charge of the remains described above, held an Autopsy 🔼, Inspection 🚉, Inquiry 🗍,	ond in my opinion
transport of the control of the cont	deoth resulted from: Notyrol couses 🔀 , Accident 🗌 , Suicide 🗍 , Homicide 🔲 , Undetermined monner 🗌]
please e I director retoined or to bu	ACTUAL CHIEF MEDICAL EXAMINER (1)	
→ √□ . ⇒ =	SIGNATURE M.D. ASS STANT MEDICAL EXAMINER []	
	EXAMINER'S DEPUTY MEDICAL EXAMINER 1-23	-69
necessory the furen 5 may be 70 FUNERA Heolth p	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street city town, or county)	
0 g # 2 0 #	230 BURIST, CREMATON / 23b DATE 23c NAME OF CREMPTRY OR CREMATORY 23g-LOCATION (City or Town) (C REMOVAL COECHY) / 1/27/69 Ft. Lincoln Cem Colombia Manor	founty) 9 (Stote)
_ (.)	24. FLINERAL DIRECTOR / 250. REG STRAR 25b. REGISTRAR S G	SMATURE.
VR A15MB CA	W.W. Chambles Co, Rwerdale, Md., DATE JAN 3 n 1968 Petran	as Judge

de V

	五点	ems 18-222 Film 409 MARYLAND STATE 5-69 ams Division of Vital Records, 301 W. Pi	DEPARTMENT OF HEALTH RESTON STREET, BALTIMORE, MARY	/LAND 21201							
FOR STATE	Ĭ	and the second s	'S CERTIFICATE OF DEATH		1399						
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deloy and 3 M3. Pag	3 5	X 4 RACE S DATE OF BIRTH 6 AGE	erthdrivi I MONTHS I DAYS I HOURS I MUN	2c. DATE PRONOUNCED DEADMonth Day.	Vage 2d. HOUR 6:45						
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6. Give Page offer death offer death offer death offer with the contribution of the co	Mt. Rainier 11. Name of Hospital or Institution (If not in hospital 120. USBAL OCCUPATION (Kind of work done 12) 120. USBAL OCCUPATION (Kind of work done 12) 130. USBAL OCC										
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	L	James Russell Lin		E.	Owen						
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cer orw orw mov	ĮŠ.	19a DATE OF OPERATION 19b. CONDITION FOR WI WAS PERFORMED?	HICH OPERATION		20 AUTOPSY?						
This cote be f	CERTIFICATION	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year	2), HOW INTERVOCATIONS (fator on	tute of music in Best 1 as Best 2 Ites	YES NO						
:= 0 0	MEDICAL (PRIMARY DOR CONTRIBUTING HOUR A.M. Unk. 19	21c HOW INJURY OCCURRED (Enter not Subj died of t overdose of barb	ht combined eff	fect of an						
	WED	21d NJURY OCCURRED 21e PLACE OF IN, JRY (At home, form, street,	21f ±OCATION Street at R.F.D. Na.	City or Town	County State						
y, please execute the certifical director. Page 4 should be retained for your files. AL DIRECTOR: Page 3 should prior to burial, cremation,		WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK		Prince	Georges Md.						
AL Execution Poly for for rial,		22a. I certify that I taak charge of the remains describe			and in my apinion						
Se e ctor de c		death resulted fram: Natural causes [], Accident	, Suicide X, Homicide], Undetermined manner [
dire dire		ACTUAL PASSED	CHIEF MEDICAL EXAMI								
- 0 D D		SIGNATURE / 10 -27 CP	M.D ASSISTANT MEDICAL EXAM								
To DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		Russell S. Fisher, M.D.	ADDRESS(Street, city, 1		1/69						
TO I	230	BURIAL CREMATION, 236 DATE 23c. NAME OF C	EMETERY OR CREMATORY 23	d LOCATION (City or Town) (Caunty) (State)						
- pm		Burial Jan.25, 69 Green	Acres Cemetery S	Boottdale. Mar	icone Aria						
		FUNERAL DIRECTOR ADDRES	S J2Sa REC D BY R	EGISTRAR 2Sb <u>RÉG</u> ISTRAR S SI	GNAI LRE						
VR A15ME (5)		TO THE CO. KIVEY	dale. Md. MAN 2	TIBER I VICTORIA	17 January						



1_1_		tems 18&22a Film 4/)9 MARYLAND STATE DEPARTMENT OF HEALTH -29-69 amsDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
FOR STATE		0140 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1400							
HEALTH DEPT.		DECEASED NAME First Middle Last 2n DATE KNOWN Month D	y Year 2b HOUR							
to to of		Type or Print) Emerson Bowen Linn OF ESTI- DEATH MATERIAL 1-9-69	19 4 2 00 pm							
ony delay is 1, 2, and 3 to fin PM3. Page	3. 5		2d HOUR							
P M3	L	Male White 12 May 1910 58 YRS 1 1 9 6	9 8:46pm M							
2.4	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED TO NEVER MARRIED 9 COUNTY OF DEATH								
		ntry)Indiana USA WIDOWED □ DIVORCED □ Prince George's	Md b KIND OF BUSINESS OR							
d w.thin 24 hours ofter death in pencil in Item 18. Give Pages Examiner's Office along with to File pages Land 2 with the State in 72 hours after death.	IV.	O CITY OR TOWN OF DEATH 11) NAME OF HOSPITAL OR INSTITUTION (If not in hospital dumo most of work done lize give street address) Cheverly Prince George Hospital								
s ofter 18. Gru along 2 with deoth.	130	LSLAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. C/TY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER								
25 € 25 ° 5 ° 5 ° 5 ° 5 ° 5 ° 5 ° 5 ° 5 ° 5		Maryland Prince George's Oxon Hill YES NO 10 5632 Alice Aver	nue							
hours Item Office I and 2	14.	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost							
24 in 1 r's (_	Burt M. Linn Edith Bowen								
hin 24 ncd in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 16 Linn 4040 Brooks Dr.	0							
Exon File	-		APPROXIMATE INTERVAL							
e. 5 2 2		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY ACUTE hemorrhagic gastritis	BETWEEN ONSET AND DEATH							
be execut pending ief Medica nsit permi		7 2 5 MOREUME CHOSE (U)								
be exe "pendi sief Me ansit pe		Oue TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) and pulmonary edema								
Id b Id b Chii		nse ta immediate cause (a), (b)								
should be e ne word "pel o the Chief I burial transit I in ony ever		stating the underlying couse Dee TO, OR AS A CONSEQUENCE OF								
the slato date of but indiindii		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
This certificate should be cate, writing the word "poster forwarded to the Chief is be used as a burial transion removal, and in any ever	_									
certif orwar used movol	AT ON	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?							
his of other, or the following	CERTIFICAT	WAS PERFORMED?	YES K NO							
E - 9 °	MEDICAL CE	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTR BUTING HOUR A.M. P.M. 19	18.)							
ICAL EXAMINER: 9 execute the certifor. Page 4 should ed for your fles. CTOR: Page 3 shou	A G	21d INJURY OCCURRED 21e PLACE OF NURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State							
CAN Te the the our		WHILE NOT WHILE factory, office building, etc.)								
L EXA ecute Page or you or you ial, cre		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspection 🔣 Inquiry 🗍	and in my apinian							
Ed to bur		death resulted fram: Natural couses (A), Accident (), Suicide (), Hamicide (), Undetermined manner (]							
Lifted States of Train to the tail to the		CHIEF MEDICAL EXAMINER								
ry pl		ACTUAL SIGNATURE M.D ASSISTANT MEDICAL EXAMINER 220 DATE SIGNATURE								
EPUTY EDICA ssary, please ex- funerol director. ay be retained INERAL DIRECTOR.		EAAMINEKS /	0_69							
To DEPUTY DICAL EXAM necessary, please execute the the funerol director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city town, or county)								
5 c = ~ 5 =	230	BURIA, (REMATION 23b DATE 23c NAME OF (EMETERY OR (REMATORY 23d LOCATION (City or Town) (G SUPPLATE 1 1-14-69 Crawfordsville Cemetery Crawfordsville	ounty) (State) Indiana							
	24.	FUNERAL DIRECTOR Obert E. Wilhelm Fune APPRESSHOME 250 REC D BY REGISTRAR 250 REGISTRAR S SIG								
VR A15ME [5] 10M REV 1/68		4308 Suitland Road, Suitland, Maryland out AN 17 1969 Charle	g Joedge							
	-		7							



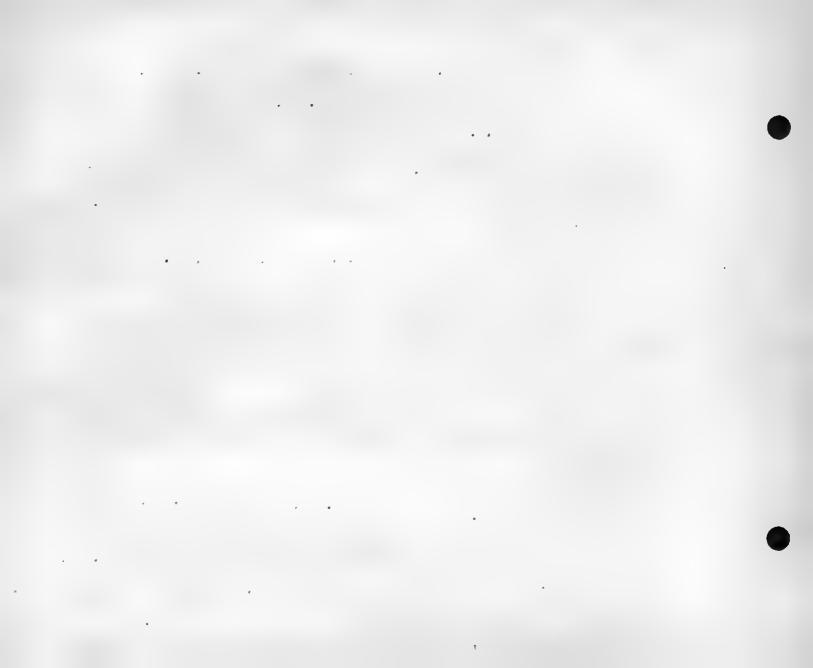


~ ·	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
		01400	DIVISION OF VITAL REC				MARYLAND 21201	1462	
		V 2. 1 0 ()		CERTIFI	CATE OF DEA	ATH			
- 21	1. D	ECEASED NAME First	Midd		Last		ATE OF DEATH	Year 2b. Hour	
to get		Ype or print) Frank	, Om 6		Laur		Manth Day	Year P	
er death	1				Lux	Ja			
fe start	3 51		4. RACE		S. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS GAYS HOURS WIN.	
s after the fur togésal rs after	L	Male	Caucasian		August :	22 <u>, 1918</u>	50 YRS.		
hours ers 2 havr	7a.	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 COUN	TY OF DEATH		
d in pers	Çuvi	New York	United State	S WIDOWE	DIVORCED [Pr	ince George	Md	
hin 24 Filled pape thin 7.	lan r	ITY OF TOWN OF DEATH	11. NAME OF HOSPIT	ALOR INSTITUTION (I	nat in haspital	2a LISUAL OCCUP	ATION (Kind of work done	12b KIND OF BUSINESS OR	
T	A	ndrews Air Forc	orking life, even if retired)	INDUSTRY					
i de la	13a	USUAL RESIDENCE (Where deceasession) STATE Maryland ATHER'S NAME First	ed lived if institution Residence	before 13c CITY (R TOWN 13d. IN		30 STREET AND NUMBER		
(E IE) & OX	ugm	Maryland	Anne Arrunde	1 Anna	polis YES	□ NO 🙀	Rt 5. Box 14	4	
DE DE X	14.	ATHER'S NAME First	Middle	Lost	15 MOTHER'S MAIDEN	NAME First	Middle	Last	
2 2 2		August	M. Lux			Marv		0rf	
afe eas	16a	WAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIALS	ECURITY NO. 17	INFORMANT		Address		
errificate b physician nen please noval, and i	'	es, no, ar unknown) 1 ("fyr give w	(or or doles of service) 130-1	2-7381 E	lizabeth S	S. Lux (w) same as ab	ove	
no la		18. CAUSE OF DEATH (Enter on						APPROXIMATE INTERVAL	
4 5 2		PART L DEATH WAS CAUSEL	D BY					BETWEEN ONSET AND DEATH	
n≡ death cer atfending p permit. The ian, or remo			ATE CAUSE (a) Pneumon					week	
at a		001X	DUE TO, OR AS A CONSEQU						
th the sit p		Canditians, if any, which gave) rise to immediate cause (a) (_(b) Hodgkin					years	
ir government of the contract		stating the underlying cause(DUE TO, OR AS A CONSEQU	ENCE OF					
sicio al-t		last.	(c)						
quires tho physician. signed by burial-tran burial, crer		PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINAL DISE	EASE OR CONDITION	GIVEN IN PART 1(a)		
n n n n n n n n n n n n n n n n n n n	_								
ndir.	12	19a, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	1:	206 IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING	
integral	CERTIFICATION	Jan 3,1969			YES X	NO 🗀	CAUSES OF DEATH?		
in a se he	EE	21a. ACCIDENT WAS UNDERLYIN	IG 216. TIME OF INJURY	71,			of injury in Part 1 or Part 2,	tam 19 \	
d con Her		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month Da		HOW INDUKT OCCORNE	D (callet illines	al injory in rull i dr rull 2,	uditi .a i	
af a life spirit	MEDICAL	(If either, natify medical examin	ner) P.M.	19					
OR ATTENDING PHYSICIAN: The law requires that the death certificate be recuired to be retained by the haspital at attending physician. DIRECTOR: After this certificate has been signed by the attending physician and camplete is should be detached for use as the burial-transit permit. Then please remove carlied with the State Dept at Health priar to burial, cremation, or removal, and in any event,	Ž	While Mat while M	PLACE OF INJURY (AT HOME FARM, OFFICE BUILDING	S ELC. SACIONA) 211.	LOCATION Street or F	R F.D Na.	City or Town	Caunty State	
the contraction of the contracti		at wark at wark			23 6	10 (11)	1 (10		
by be be		22a. I certify that (I) (th	is haspital) attended the	deceased fram .	31 Vecembe	er19_68_, t	olanuary 6, 19	69 , that (I) (We) last te and haur and from the	
ATTEND etained CTOR: A should vith the		saw the deceased a	e, (1) (/k//) (did) /(d/d/n/st) vi	ow the bady afte	na inai in (my) (ø r death	our) apinian ae	earn accurred on the da	te and haur and from the	
	1	22b. SIGNATURE	e, (i) Outel (mai) (ahahilari) vi	ew hie bddy dife	ucum.		722	DATE SIGNED	
Wilson Wilson		220. SIGNATURE	13 mas /	M.D.DE	ATTENDING	MED DIRECTOR	STAFF -		
		/UV.7	1000	M.D.			U PHYS U Ja	nuary 6,1969	
TAI AL Poor poor poor poor poor poor poor poor		22d PHYSICIAN'S NAME (Type) Wilbur	F D				Grow USAF Ho		
SPI 4 7 7 1d b		Wilbur					Washington, D		
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	23a	BURIAL CREMATION, 23b	DATE 23c M	NAME OF CEMETERY C	R CREMATORY	23d	OCATION (City or Town)	(Caunty) (State)	
5 5 5 p. p. p.	1	REMOVAL (Spetify)	-1- , 4 w 1 141	16/10 TOR	LATIC	10 17	PLINGTHE	VH	
VR A15 (4)	24	FUNERAL DIRECTOR	100	ADDRESS	7 2Sa	REC D BY REGIST	RAR 256 REGISTRAR'S		
30M REV 1/68		phu M. Tay	for your le	nagral	LUCK DAT	AN 9	1969 Heliane	a hade .	



. 1	1 ~		MARY DIVISION OF VITAL RECO		DEPARTMENT OF		ND 01001		
10	F.	140.	DIVISION OF THE RECO		ATE OF DEATH	IIMOKE, MAKILA	ND 21201	0140	3
4 _~4		CEASED NAME First	Middle		Lost	20. DATE OF DEATH		V 1 1 1	2b HOUR
funeral formeral fer death.	l (t	ype or pant) Wi	lliam E.		Lvles	A	donth Day	1969	1:40P M
_ / 5 h	3 SE		4 RACE white		June 9, 19	6 AC	GE (In years	FUNDER YEAR MONTHS OAYS	IF UNDER 24 HRS
by the Poges			l				57 YRS	WORNS ONES	Supplemental Suppl
24 hau d in br pers. 72 hou	COUT		b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED A	NEVER MARRIED DIVORCED	9 COUNTY OF DEAT			
In 24 Filled pape pape	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		and Investigation	JAL OCCUPATION (Kind		12b KIND OF B	PW SSENIER
equires that the death certificate be executed within 24 ho physician. signed by the attending physician and completely fill ed in burial-transit permit. Then please remove carban papers. buriol, crematian, or removal, and in any event, within 72 hourself.		Cheverly, Md	give street address) Pro Georgia	rges llospi		nost of work ng life, e Clerk Post	ven if retired)	INDUSTRY GO	137 I #
omplete ve carib	13o	SUAL RESIDENCE (Where deceosed ssion) STATE	I I I say by a little of the l	efore 13c, C.TY OR	IOWN 13d INSIDE CITY	UMITS? 13e STREET A			
executed and comple emove to any event		Ma_	13b. COUNTY Pro Geo	Mt Rai	nier YES	10 □ 3121	Queens	hapel	Road
ond co	14, F	ATHER S NAME First		Lost 1S	MOTHER'S MAIDEN NAME		Middle		Lost
ote be kian on eose re and in	16.	Albert WAS DECEASED EVER IN U.S. ARMET	Lyles FORCES? 16b. SOCIAL SEC	UBITU ALA	Anna	Marie Mel			
ysici	190 Ye	as, no, or unknown) (If yeş gwe war	or dates of service)	3.1	FORMANT ry E. Lyles	X14	Address Rainier,	Ма	
trans de la	H	18 CAUSE OF DEATH (Enter only		7444	ily willyres	110	TOTAL CE	APPROX M	ATE INTERVAL
eoth certification of removol		PART I DEATH WAS CAUSED E	BY //	to com	aestico f.	(1,00)		SETWEEN ON	SET AND DEATH
e deotl attendi permit.	Ш	1400 A IMMEDIATE	DUE TO, OR AS A CONSEQUEN	CF OF Day	Transce De	L		4-	
that the dan. by the att transit per crematian,		Conditions, if any, which gave	(b)	Mis	ocardil	W		5ru	rulles
Se Gan Fa		rise to immediate couse (a), stating the underlying couse.	DUE TO, OR AS A CONSEQUEN	CE OF					
equires physicic signed burial-to burial.		lost.	(c)						
The law requires that the death certificate be attending physician or has been signed by the attending physician or se as the burial-transit permit. Then please in the prior to burial, crematian, or removal, and in the prior to burial, and the prior to burial, an	П	PART 2. OTHER 5 GNIFICANT COND	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL D SEASE OR	CONDITION GIVEN IN PA	ART 1(o)		
din din	ICATION	196 DATE OF OPERATION 196 CO	NOITION FOR WHICH OPERATION V	VAS PERFORMED	20o AJTOPSY?	20b IF YES, V	VERE FINDINGS CO	NSIDERED IN CEI	RTIFYING
The atternation that the property of the prope	<u> </u>				YES NO	CALISES OF DI			
Sare of the office of the offi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY	2 c HO1	W INJURY OCCURRED (Ent	er noture of injury in P	ort I or Port 2, It	em (8.)	
Signature of the state of the s	MEDICAL	(If either, notify medical examiner		19					
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospitol or attending physician. DIRECTOR: After this certificate has been signed by je 3 shauld be detoched for use as the burial-traned with the State Dept. of Health prior to burial, and		21d IN. JRY OCCURRED 21e PL While Not while of work of work	ACE OF INJURY (AT HOME FARM, STI OFFICE BUILDING, ET	REET, FACTORY) 21F LOC	ATION Street or R.F.D N	o. City or Tov	νn	County	Stote
by 1 ffer ffer be c State		22a, 1 certify that (1) (this	haspital) attended the de	ceased fram	ing 12, 19	68 , ta gow	v 9, 19.	, that	(I) (we) last
ATTENDING etained by th CTOR: After t shauld be d		saw the deceased aliv	e on <u>12-27</u> (1) (we) (did) (did nat) view	the body after de	that In (my) (aur) of eath.	ointan death accur	red an the dat	e and hour a	nd from the
AT. AT. Showith with		22b. SIGNATURE	RD	Qm)	ATTENDING #	MED CYAE	22c. D	ATE SIGNED	010
L OR be r DIRE ge 3		aus	seur core	MODEGRE	PHYS PHYS	MED STAF	: 19a	M10.1	969
Page 4 may be retained O FUNERAL DIRECTOR: Adrector, page 3 should be filed with the		22d PHYSIC ANS NAME (Type) EU	gene Cole	MD	22e. ADDRESS & a	st Capit	0651	96.	
Fun Phoul	23o	BUR AL, CREMATION, 23b DA	-	NE OF CEMETERY OR C		23σ LOCAT ON (City	y or Town)	(County)	(Stote)
2 2 2	0.4			Lincoln C		Colmar M		ro Geo	Md.
VR (419)	24.	FUNERAL DIRECTOR F. Gasch's So		DRESS .le, Md.		AN 1 4 19	Sb REGISTRAN	IGNATURE OF	e dac

1	1	24441	DIVISION OF \	MAKTLANI VITAL RECORDS, 3		ON STREET, BAL		YLAND 21201		
		71400		C	ERTIFICAT	E OF DEATH			314	0 4
		FCEASED NAME First YPE or print) Mo	oya	Middle L.		lost :heny	20 DATE OF Jan.	Month Di	1969 ^{Year}	2b. HOUR 2:25AM
	3 5	x Fema l e	4. RACE Caucas	i an		ATE OF BIRTH	895	6. AGE (In years last birthday)	IF LINDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS M.N
		BIRTHPLACE (State or fareign	7b. CITIZEN OF WHA	AT COUNTRY?	8 MARRIED N	EVER MARRIED	9. COUNTY OF			
		irginia Trginia	U.S.A.	ME OF HOSPITAL OR INST	Widowid pat in h	DIVORCED 120 US	Prince	George's	12b. KIND OF B	Md.
1	C	neverly	give sto P ri n	reet address) nce Geo.Ge	n'1 Hosp	ital during	most of working l	ife, even if retired)	INDUSTRY	
6	3o. adm M	LSUAL RESIDENCE (Where deceosission) STATE aryland	ed lived, if institution 13b COUNTY Prince (George's	Seat Ple		NO CT	REET AND NUMBER 5 Addisor	n Rd	
		FATHER'S NAME First	Middle	Last	15. MO1	THER'S MAIDEN NAME	First	Middle		Last
	L	William	un candeda	Craft	2 127 185000	Eliza	beth		Persinge	r
-3		was deceased ever in U.S. ARA es, no, of unknown) (If yes give w	County in setting of county	166. SOCIAL SECURITY NO 233-38-168		Gilbert,	Elkton,	Md. Address		
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIA	O BY. NTE CAUSE (a)	Malign	ancy c	of Blodder	Tecle		BETWEEN ON	ATE INTERVAL SET AND DEATH
2		Canditians, if ony, which gave the result of the cause (a), stating the underlying couse ({b}	DOKE OF	etion	or eleia	hotele	- abdai	ee.	
り	NOTION	PART 2 OTHER SIGNIFICANT COI		ING TO DEATH BUT NO	T RELATED TO THE		R CONDITION GIVEN		CONSIDERED IN CEI	RTIFYING
	CERTIFICATION					YES NO	XX	OF DEATH?		
	MEDICAL CE	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical exami	HOUR A.M. P.M.	Month Day Year		JURY OCCURRED (Ent	ter noture of injur	y in Part 1 or Part 2	, Item 18)	
	W	at wark at wark		AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC.		ON Street or R.F.D N		dr Town	Caunty	Stote
ì		220. I certify that the (the sow the deceased a couses stated above	is hospitol) otter live on Jan e, (1) (we) (did) b	nded the deceased 23 19	d fram Jan 69, ond the ody after deotl	14 , 19, of in xing() (aur) of h.	69 , to_J pinion death o	an. 23, 1 eccurred on the c	9 <u>69</u> , thot lote ond hour o	(we) last
		22b SIGNATURE	Phan	1	DEGREE	ATTENDING PHYS.	MED DIRECTOR		Jan. 23,	
			. V. Nair			22e ADDRESS Prince Ges			Chever1	
	230	8UR AL, CREMATION, 23b REMOVAL (Specify)	DATE 25/69		emetery or crem		1	N (City or Town)	(County)	(State)
88	24 _F	CHINEDAL DIDECTOR	Funerals,	ADDRESS	md.		BY REGISTRAR	2Sb REGISTRAR	S SIGNATURE	





FOR STATE	Ιt	ems#5 6&7 DIVISION OF VIJAL RECORDS, 301 W PRESION SIRES BESTIMORE MARKEAND 21201	1408
HEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN Month D	Doy Year 69 2b. HOUR
Poge 13 to		Refile Cit Production Death Mated 1 10	6 19 8 8 pm M
PM3. Po	3 5	M 1/15/45 PARS MONTHS DAYS HOURS MAN Month 1 Doy 17	Year 19 88 10:50
0 0		BIRTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH VIDOWED DIVORCED Prince George	
Pages 1, with farm		77777777	2b KIND OF BUSINESS OR
9 2 9		give street address) If a during most of working ife, even if retired)	
haurs after ttem 18. Giv Office many office many office and office death	13a a	JSTUAL RES DENCE (Where deceosed I ved, if institution Residence before 13c CITY OR TOWN drission) STATE Md 13b. COUNTY P.G. Hyat sville YES€ NO 5605 Nicholso	
trem trem of the office of the	14 F	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last
24 hau in them in the interest of the interest		Neil R, McCallum Dorothy M Pease	
hin nine pag		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (IV yos give wor ordates of service) 16b SOCIAL SECURITY NO 17 INFORMANT Linda McCallum Hyattsvil	
ed v al Ex lit Fil		18. CAUSE OF DEATH (Enter on y one cause per line far (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" Medical permit		PART I. DEATH WAS CAUSED BY Laceration of brain [MAMED ATE CAUSE (a)]	·
e ex pend ef M ef M sit p		Out to, or AS A CONSEQUENCE OF Multiple skull fractures (and the consequence of the cons	min.
Id b		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne ward 'per to the Chief I burial-transit		losi Trauma- car fell on head	
ICAL EXAMINER: This certificate shauld be executed with execute the certificate, writing the ward 'pending' in perfore. Page 4 shauld be farwarded to the Chief Medical Examed for your files. CTOR: Page 3 shauld be used as a burial-transit permit file burial, crematian, or removal, and in any event within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION G VEN IN PART (0)	
vritir vritir vard vard	TION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
farrience us	CERTIFICATION	WAS PERFORMED?	YES NO [X]
## - 2 0	CAL CER	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day Year 2 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item PRIMARY OR CONTRIBUTING HOUR AND 2 216 CT 2 217 C	
INER: shaul files.	MED C	CAUSE OF DEATH PM 1 16 19 68 Head pinned beneath spring when c 2 d .N.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f .OCATION Street or R.F.D. No City or Town	Car Tett OII
EXAMII ute the age 4 s your f your f Page 3	-	WHITE COMOT WHITE FOR factory, affice building, etc.)	P'.G. Md.
please execute the certification. Page 4 should retained for your files. DIRECTOR: Page 3 should or to bur ol, cremotion,		220. I certify that I took charge of the remains desQueed above, held an Autapsy , Inspection , Inquiry , Inquiry	
olcal Elegase exect director. Po stanned for DIRECTOR:		death resulted fram: Natival causes Z, Adigent X, Suicide , Hamicide Undetermined manner [
의 등 으 등 수		CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE	IGNED(59 1.9 –6/8
SSOU fune fune ay b NNEH		EXAMINER'S NAME (Type) John Kelloe, M.D.,/Riverdale DEPUTY MEDICAL EXAMINER [3: 1-1] ADDRESS(Street city, town, or county)	-7-99
TO DI The the Medal Heal	230	RIBIAL CREMATION 1 235 DATE 23. NAME OF CEMETERY OF CREMATORY 234 LOCATION (CITY OF TOWN)	(Caunty) (State)
•			ro Geo Md.
VR AT SME (5)	24	FUNERAL DIRECTOR 250 REC D BY REGISTRAR 250 REGISTRAR 5 SI F. Gasch's Sons Hyattsville, Md. 250 REC D BY REGISTRAR 250 REGISTRAR 5 SI PAR N 9 9 1969 ICLIANALE	
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MARYLAND STATE DEPARTMENT OF HEALTH

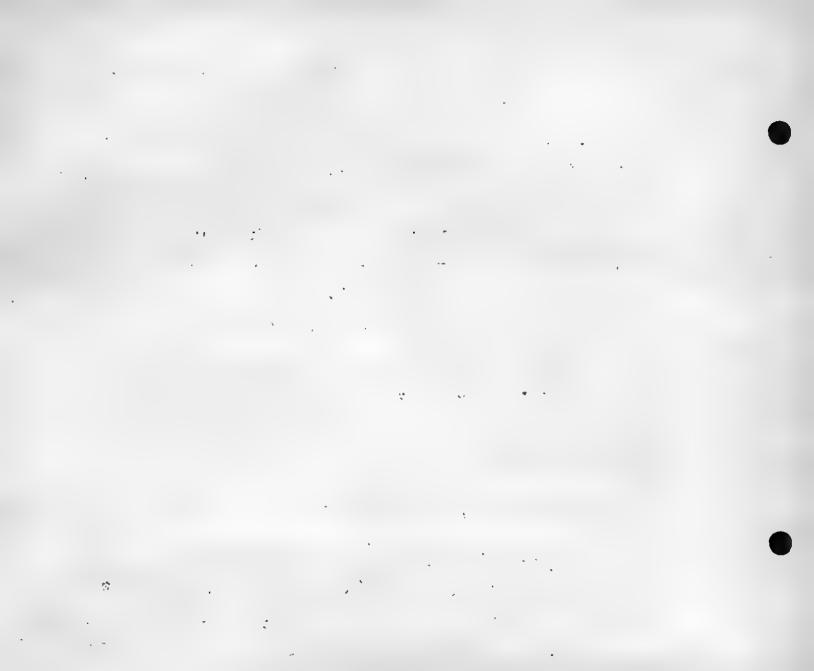


	MARYLAND STATE DEPARTMENT OF REALTH	
; }	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4	CERTIFICATE OF DEATH	
1 4 84	T DECEASED NAME First Middle East 2a DATE OF DEATH 2b HOU	JR.
executed within 24 hours after deoth. In completely filled in by the funeral smove corbon papers. Pages 1 and 2 any event, within 72 hours after death.	(Type or print) Robert J. McEwan Jan. Month 9, Doy 1969 8:30	O M
重 (章 医重	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER LYEAR FUNDER 24) 4 RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER LYEAR FUNDER 24) 4 RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 14 FUNDER 24)	HRS.
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by d	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
d in pers	Scotland USA WIDOWED DIVORCED Prince George's	Md
completely filled in ove corbon popers y event, within 72 h	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital leading most of work not of work done leading street oddress)	
with Spanish	Cheverly Prince Geo. Gen'l Hospital Retired Electrical scientist Gov	t
plet of the control o	130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 13b COUNTY 13d INSIDE CITY UMITS? 13e STREET AND NUMBER	
comi	Maryland Prince George's Edgewater Route 1, Box 401-A	
ond (nan)	14 FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost	
den de	Unknown Unknown	
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d b b b b b b b b b b b b b b b b b b b	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	
oth ndin it.	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Ucerte Conclotivo theart toulance	_
de de nitter	DUE TO, OR AS A CONSEQUENCE OF	
nt the the c sit pu	Conditions, if any, which gave) a Cutousdenter Heat Nieur	
hot n. onsi	rise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	_
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The law requires that the attending physicion. has been signed by the se os the bur al-tronsit the prior ta burial, cremotive.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	=
ng p	A MUTHROPIC LAT. ScleROSIS	
ndir bee ior i	AN UP APPENDING FAMILIARIES IN CRAFFING	
IAN: The law rectal or attending pricate hos been sfor use os the Effective the Ithen the Ith prior to be the Ithen the Ith prior to be the Ithen	TYS., DATE OF OPERATION TYS. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO. CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2. Hern 18.)	
N: N or or or us		
Figure 194	G (If either, notify medical examiner) P.M. Manth Day Year If either, notify medical examiner) P.M. 19 A 14 INJURY OCCUPER. 21a PLACE OF INJURY (AT HOME FARM STREET FACIORY) 215 LOCATION. Street or P.E.D. No. (by or Town County State	
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this this De	While Nat while of wark at wark at wark	
NG by the	22g certify that (1) (this advantate) attended the deceased from	last
ND ed k	saw the deceased alive an Jan 9 1969, and that in (my) contrain death accurred an the date and hour and fram	the
ATTE Shace shace	causes stated above, (1) (we) (did) (suspect) view the body after death. 226. DATE SIGNED	
With With With With With With With With	ATTENDING TO MED STAFF O 1060	
0 2 8 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22d PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS	
RAL RAL be t	NAME (Type)	
OSP JNE gron	Aaron Deitz, M. D. 1 Prince George's Plaza, Hyaffsville, Md 230 BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State)	
TO HOSPITAL OR ATTENDING PHYSICIAN: I Poge 4 moy be reformed by the hospital or TO FUNERAL DIRECTOR: After this certificate director, poge 3 shauld be detached for us should be filed with the State Dept of Health	REMOVA (Space by) cremation jan 9, 1969 Ft Lincoln Crematory Colmar Manor Pro Geo Md.	
0.0	24 FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. 250 RECD BY REGISTRAR 250 REGIS	—
OM REV	F. Gasch's Sons Hyattsville, Md. 250 REGISTRAR 250 REGISTRAR SIGNATURE DATE AN 13 1969 October 1	



		U1415	DIVISION OF	VITAL RECORDS,	301 W. PRES	TON STREET, BALT	IMORE, MAI	RYLAND 21201	201	40
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± ₹ / ()	3. 51	X	4 RACE	-		DATE OF BIRTH				IF UNDER 24 HRS.
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a de la	130	USUA. RESIDENCE (Where deceosission) STATE	sed lived, if instituti	on: Residence before	13c CITY OR TO	WN 13d INSIDE CITY .	MHTS? 130. ST	REET AND NUMBER		
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icia pleas	160.	WAS DECEASED EVER IN U.S. ARA	WED FORCES? var at dates of service)	16b. SOCIAL SECURITY I		RMANT		Address		
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t the sit_	П	Conditions, if any, which gove trise to immediate cause (o), ((b)	cus	works	when dis	rose		16+	yrs.
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cate dar v		210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF CEAT	IG 21b. TIME OF	Month Doy Year	21c. HOW !	INJURY OCCURRED (Ente	r noture of inju	ry in Port 1 or Port 2, 1	tem 18.)	
D to the second	MEDICAL	(If either, natify medical exami	ner) P.M.	35	7					
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the Det		rui wark at wark					-	4		
IDING J by t After J be c		22o. I certify that (I) (the saw the deceased a	is hospita l) atte	inded the deceose	ed from	Och- , 190	_X, 10,	15 Jan, 19	67, that	(I) (we) lost
ATENDING etained by the CTOR: After the should be dith the State		causes stated above	e. (I) (we) (did) (did pat) view the	body after dea	iar in (my) (oer) opi th.	inion deoin d	occurred on the do	re ana nour a	na trom tne
Frie Graff		22b SIGNATURE			ME)			224.	DATE SIGNED	-
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A Sold B		22d. PHYSICIAN'S	W-7 1	-Wici/	Duna	22e ADDRESS	d is	0.0	1. 220 1	. 1
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certific. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physidirector, page 3 shauld be detached for use as the burial-transit permit. Then playshould be filed with the State Dept. of Health priar ta burial, crematian, ar remayal,		NAME (Type)	FKEDE	KICH .	DHKK	4500 Cs	14c/fv	y colleges	Arkn, K	nd
HO.	23a.	BURIAL, CREMATION, 235	DATE	23c NAME OF	CEMETERY OR CRE	MATORY	23d. LOCATIO	N (City or Town)	(County)	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH



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£ _~£		CEASED NAME First	Middle		Last	2a. DATE OF	DEATH		2b. HOUR
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E 200	3. SE	X	4 RACE	S	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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\$ 1 0 5 / Y		Cheverly	Prince Geo	.Gen'1 Hos	pital		labector	RPIA	
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L OR L OR r be r DIRE		22d. PHYSICIAN'S		DEGREE	PHYS 22e. ADDRESS	DIRECTOR L	PHYS L	1/10/	0 /
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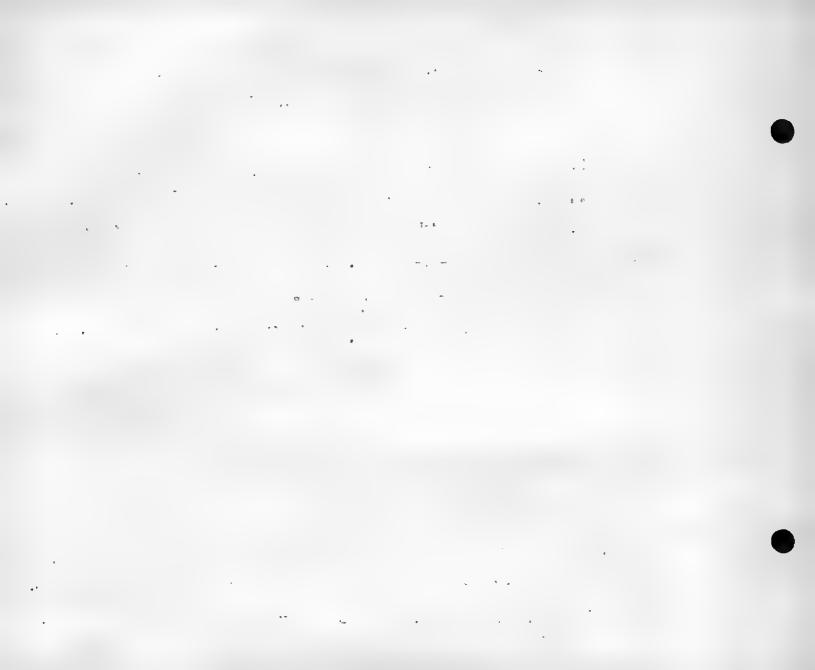
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1x4 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1410
HEALTH DEPT.		CEASED-NAME First M Lost 20 DATE KNOWN Month D.	loy Year 2b. HOUR
- e a r	(ype or Print) Ralph Michael OF ESTI- DEATH MATED X 1-13-	-69 19 12:55p
any delay is 1, 2, and 3 ta rm PM3. Page Department of	3 5	X 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER) YEAR IF JINDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
on o	M	ale White 11-28-1895 73 YRS WONHS DATS HOURS MIN MONTH Day	69" 19 1:10pm M
1 2 m	70	DIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED 79. COUNTY OF DEATH	
SI D VE		widowed Divorced Prince George's	Mo
Give Pages on with far the State of the Stat	10. (11 NAME OF HOSPITAL OR INSTITUTION (If not in haspito during most of work done 12 give street oddress) 12 USUAL OCCUPATION (kind of work done 12 during most of work not in feetiged). IN	PL KIND OF BUSINESS OR HOLLSTRY
er de ive og w	30-	Cheverly Prince George/Nospital Transp.Specialist	Comm.Dept.
s after de 18. Give P along with the death	130	Processor STATE 12b COUNTY	Apt.409
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thours of the diffice of the difference of the d	1 71 2	Maurice W. Michael Mollie	Compher
thin 24 miners niners haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECUR TY NO. 17. INFORMANT ADDRESS	Compiler
ormir armir 2 h	()	es, no, or unknawn) (If yes give war or dates of service) Isma C. Michael same as a	bove
E E E		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. Line of the control of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cute ng" dica dica with		PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Heart failure	minutes
exe endi Me t pe		H DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	unknown
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shauld be executed wr ne ward "pending" in pe to the Chief Medical Exar burial-transit permit. File 1 in any event within 72		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shr he the buri		last (c)	<u> </u>
ICAL EXAMINER: This certificate shauld be executed within 24 hours after death execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pagistra. Page 4 shauld be farwarded to the Chief Medical Examiner's office along with ear your files. CTOR: Page 3 should be used as a burial-transit permit. File bages 1 and 2 with the Starburial, cremation, ar removal, and in any event within 72 haurs after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)	
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is ce fan fan e us	CERTIFICATION	WAS PERFORMED?	YES NO 🔀
ficat ficat be d b	(FR)	21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Manth, Day Year 21c HOW INJURY OCCURRED (Enter noture of in Jry in Part 1 or Port 2, Stem	
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Solution to build the cert is a execute the cert extar. Page 4 should intended to your files. RECTOR: Page 3 should trematian, or burial, crematian.		AT WORK AT WORK	
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director.		death resulted fram: Natural causes 🔯 , Accident 🔲 , Suicide 🔲 , Homic de 🔲 , Undetermined manner 🗌	ا
dir dir		ACTUAL CHIEF MEDICAL EXAMINER 226. DATE SK	ONED
ny. I vy. I be r		SIGNATURE THE PROPERTY OF THE	3-69
no DEPUTY SICAL EX necessary, please execut the funeral directar. Pag 5 may be retained far y TO FUNERAL DIRECTOR: PHealth prior to burial, a		NAME (Type Yohn Kehoe ND Riverdale Md. ADDRESS(Street, city, town, or county)	J-07
TO DEP! necesso the fun 5 may TO FUNE Health	230	BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	County) (State)
		Burial 1/16/69 Rock Creek Cemetery Washington, D	. C.
	24.	FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 250 REGISTRAR S C	SNATURE .
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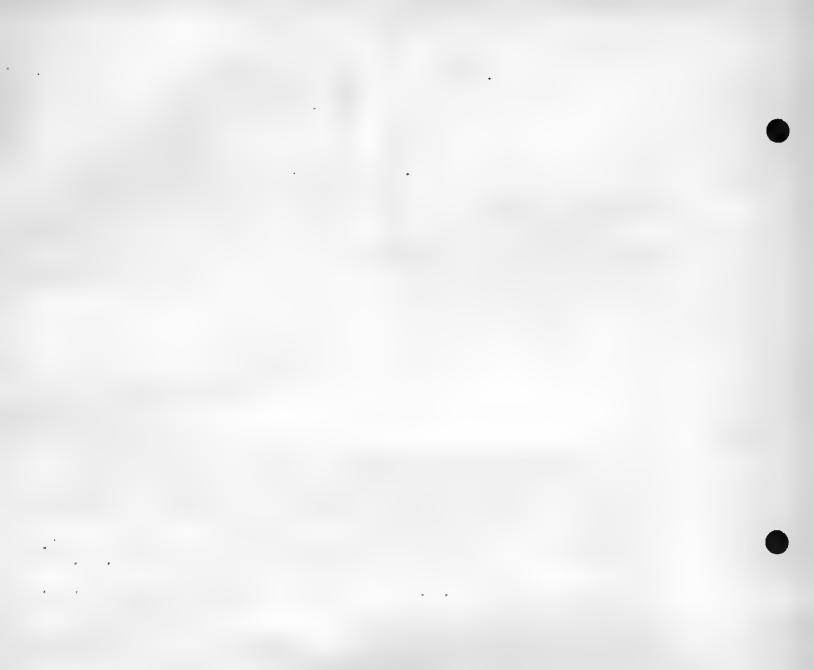


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MAKTLAND STATE DEPAKTMENT OF HEALTH



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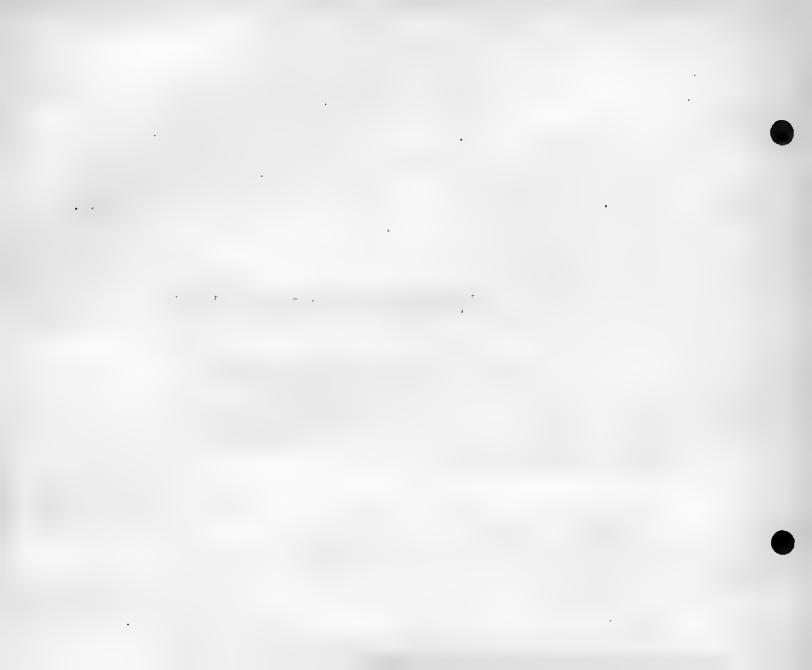
MAKTLAND STATE DEPARTMENT OF HEALTH



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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pshould be filed with the State Tept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour	CERTIFICATION	190 DATE OF OPERATION 191	b. CONDITION FOR WHICH OPERATION WAS PE	REFORMED 200. AUTOPSY? YES NO	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
N: T or or or us		210. ACCIDENT WAS UNDERLY	ING 216 TIME OF INJURY	21c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Port 2, 1	tem 18.)
CCA pitol price of Tro	MEDICAL	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Day Year Biner) P.M.			
PHYSI e hosp his cer stached	ME		e. PLACE OF INJURY (AT HOME FARM, STREET, FA). City or Town	County State
y h e r t o te	1	220. certify that (1) (t	his hospital) ottended the deceas	ed from 13 - 17 19_	69, ta 14 1 4m, 19	→9 , that (I) (we) lost
NDI NDI od b d b d b e Si		saw the deceased	his hospital) ottended the deceos alive on	$9\underline{-b9}$, and that in (my) (our) ap	inion deoth occurred an the da	te and haur ond from the
TITE SOLUTION TO THE PROPERTY OF THE PROPERTY	1	22b SIGNATURE	ve, (1) (we (did) (did not) view the	bady offer death.	200.	DATE SIGNED
OR A Doe ret		22D SIGNATURE	Hounsey	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	6 1AN 1969
TO HOSPITAL OR ATTEN Poge 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	L	22d. PHYSICIAN'S NAME (Type)	- J HELIMANN	22e. ADDRESS	RIVERPALE	Mit.
HOSI LUNE Perto Duld	230	BURIAL, CREMATION. 236	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
Pog of Fig.				incoln Cemetery		ro Geo Md.
VR A15 (N) 30M REV VB0	24	CUMERAL DIRECTOR			BY REGISTRAR 2Sb REGISTRAR S	



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
59	CERTIFICATE OF DEATH	416
for death. funeral s I and 2 free death.	O DECEASED NAME First Middle Lost Lost 2c. DATE OF DEATH (Type or print) Carl Mitchell January I8, 19	25. HOUR 24: 00 P. M
by the full state of the form	A RACE S DATE OF BIRTH 6 AGE (n years by hurthday) S DATE OF BIRTH 8/25/1900 S Hurthday) WOMINS YRS.	
2 200	70 BIRTHPLACE (Stote or foreign 75 (IT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH Prince Georges	Md.
그 물으를 다	Glenn Dale give street oddress Dale Hospital	CIND OF BUSINESS OR
	130 USUAL RESIDENCE (Where deceased lived if institution Residence before demission) STATE VS COUNTY Washington VES NO 616 Third St. N.	W.
2 0 0	14 FATHER'S NAME First Middle Name First Middle Mitchell 15. MOTHER'S MAIDEN NAME First Middle Callie	Young
The law requires that the death certificate be exampled by the attending physician. The benefit of the brind-transit permit. Then please remains the priar to burial, cremation, or removal, and in any the coneral Hospital (D.C.) fr	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wer or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT Address 578-14-9656 Decedent	
th cer ling p The remover	IB. CAUSE OF MEAN (Circle only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
at the death cer the attending p sit permit The matian, or rema	DUE TO, OR AS A CONSEQUENCE OF	days
equires that the death physician. signed by the attend burial, cremation, or retrial Hospita	Canditions, if any, which gave in its to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
nysicia nysici		2 years
law requirending physbeen signe signe for to buring the contract of the contra	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a)	
AN: The law requires the of an affection is as the burial-transfer use as the burial-transfer use as the burial-transfer use as the burial-transfer use as the burial of the office of the office use as the burial of the office use as the burial of the office use as the office use as the office use as the office use as the office use of	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERE CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OF URIES OF INJURY IN PART LOS PORT 2 INDUSTRIES OF INJURY IN PART LOS PORT 2 INJ	D IN CERTIFYING
CIAN: The order of	21a ACCIDENT WAS UNDERLYING Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19	
PHYSI ne hasp this cer etachec Dept. (21d INJURY OCCURRED While 1 County OFFICE BUILDING ETC OFFICE BUILDING ETC OFFICE BUILDING ETC	
NDING od by the state of the st	220. I certify that (this hospital) attended the deceased from 1/1/, 19 69, to 1/18/, 19 69, and that in (\$\frac{1}{2}\$) (our) gaining death accurred on the date and	, that \$1) (we) last hour and from the
OR ATTENDIN be refumed by JIRECTOR: Affer e 3 should be ed with the Star tient wa	226. SIGNATURE 226. SIGNATURE 226. SIGNATURE 226. SIGNATURE 226. DATE SIGN	NED
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 should be filed w	22d PHYSICIANS 22d PHYSICIANS 22d ADDRESS Glenn Dale Hospital	9
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil	230 B_RIAL CREMATION. 23b DATE BURGED 23c NAME OF CEMETERY OR CREMATORY 23d DIADONAL STOWALL CREMATORY	y) (State)
TO HOS Page 4 To Fun direct shaul	REMOVAL (Specify) 2-7-69 HARMONY PARK Washington, D. C.	200
VR A15 1450	24 EINERAL DIRECTOR ADDRESS	



_	1						I OF HEAL			
		01421	DIVISION OF VI		301 W. PRE ERTIFICA			E, MARYLAND 21201	014	17
edth.		CEASED-NAME First ype or print)	I, Anna	Middle	Mor	Last		DATE OF DEATH Month	Day Year	26 HOUR SOSPM
24-haurs after death.	3. \$		4. RACE	V *		DATE OF BIRTH		6 AGE (In years	16 JNDER 1 YEAR	IF UNDER 24 HRS.
the ages		Female	Caucas	ian		1-8-0	2	last birthday)	MONTHS GAYS	HOURS M.N.
Doy I		BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT	COUNTRY?		NEVER MARRIED		INTY OF DEATH		
		ITY OR TOWN OF DEATH	USA	OF HOSPITAL OR INS	WIDOWED			ince Geerge	B 12b KIND OF	Md.
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and correma	14	FATHER'S NAME First	Middle	Last	IS. N	NOTHER'S MAIDE	N NAME Fust Lillie	Middle		taples
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cert g ph Then	F	18. CAUSE OF DEATH (Enter on	ly ane cause per ine f						APPROXIA BETWEEN O	MATE INTERVAL NSET AND GEATH
eath andir nit. or re		PART I DEATH WAS CALISE	O BY ATE CAUSE (a)		_ 77E	PATIC	+4	LURE	1 M	en TH
it the d the affi sit per nation,		Conditions, if only, which gave rise to immediate cause (a), (CONSEQUENCE OF	035	TRUCT	TVE BI	LIARY MISEAS	E 2 9	IRS.
es tha sician. ed by al-tran ii, crer		stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF						
requir ng phy an sign te buri	Z	PART 2 OTHER SIGNIFICANT CO.	NOTERATIONS CONTRIBUTION	G TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DI	SEASE OR CONDITI	ON GIVEN IN PART I(a)		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. at Health priar to burial, creasing the state of	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH	OPERATION WAS PER	RFORMED	20a. AUTOPSY	NO P	20b IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN C	RTIFYING
CLAN: ital or ifficate if far us if Healis	MEDICAL CER	21a ACCIDENT WAS UNDERLYIFT OR CONTRIBUTING CAUSE OF OEA (If either, notify medical examination)	H HOUR A.M. J	JURY Month Day Year		INJURY OCCURR	ED (Enter notur	a of injury in Port 1 or Port	2, Item 18.)	
PHYSI ne hasp his cer etachec Dept. (NAST NAST NAST NAST NAST NAST NAST NAST	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT			TION Street or	R.F D. No	City or Town	County	State
DING I by th After t I be do		22a I certify that (I) (the saw the deceased of	is hospital) attend	led the decease	ed from	2 · /2	, 19 <u>_6</u> 5,	to 26 JAN, depth occurred on the	19 <u>67</u> , that	(I) (we) last
R ATTENI retained RECTOR: A 3 shauld with the		causes stated above	e, (I) (we) (did) (di	d not) view the l	oody after de	ath.				
OR A be refused by 3 specified with ed with		22b SIGNATURE	House	un_	DEGREE	, , , , ,	MED DIRECTO	R STAFF C	26 LAN	1969
PITAL may PRAL C		22d PHYS CIAN S NAME (Type)	.J. 400	MANN		22e. ADDRESS	RIV	ERDALE	47	
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 shauld be should be filed with the State	23 a	BURIAL, CREMATION, 23b SEEMOYA (Specify)	DATE -/29/69		cemetery or ce	tional	Aw	LOCATION (City or Fown) Lington Ar	(County)	(State)
F =	24	FUNERAL DIRECTOR		ADDRESS	190	70	DECID BY DECI	STRAP 256 ASSISTA	D C MANATHER	42.



e 1 1		MAKTLA DIVISION OF VITAL RECORD:	ND STATE DEPARTMEN				
'	2142	THIS OF THE RECORD.	CERTIFICATE OF D		MARILAND ZIZUI	1418	
deat	DECEASED-NAME First (Type or print) GRACE		MOSEDALE	J	Tan. Mont 26 Do	1969°°	26 HOUR 6:00 AM
Z hours affer	Female	White	S DATE OF BIRTH Sept.	5.1881	6 AGE (n years last birthpay) YRS.		F UNDER 24 HRS. HOURS MIN
	va Va	USA.	8 MARRIED NEVER MARRIE WIDOWED DIVORCEE	V	y of DEATH Ince George	9	Md
4 / 1	Hyattsville	11 NAME OF HOSPITAL OR give street address 1 530 L . Bu c	INSTITUTION (If not in haspital	120 USUAL OCCUPA during impst of wor OUS G	TION (Kind of work dane king life, even if retired.)	126 KIND OF BU INDUSTRY	JSINESS OR
2 / ad	a. USUA. RESIDENCE (Where deceased mission) STATE Md	lived, if institution Residence petar 13 Prince George			5301.Buch	anan	
14	FATHER'S NAME First Levi Dove	Middle .ast	Is MOTHER'S MAIDE	_	ove		Last
	So WAS DECEASED EVER IN US ARMED		YNO. 17 INFORMANT	Cox.	Address		
burial, cremation, or removal, and in any	Canditions, if any, which gave inse to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE CO	order Information	leoi la dise	se Q	APPROXIMA BETWEEN ONS	R MIRRYAL
A. COME CABOU	C2. C. O1.	TIONS CONTRIBUTING TO DEATH BUT ASSOCIATE ASSOCIATION WAS 1216 TIME OF INJURY	erdent PERFORMED 200 AUTOPSY YES	? NO [4] CA	DE 1F YES, WERE FINDINGS C AUSES OF DEATH?		TIFYING
THE STATE OF THE S	OR CONTRIBLTING CAUSE OF DEATH	HOUR A.M Month Doy Yes	or 19		injury in Part 1 or Part 2, City or Town	County	State
	causes stated abave/	haspital) attended the decea	sed fram 1962 9. Ind that in (my) e bady after death. DEGREE PHYS	MED DIRECTOR	ath accurred on the do	<u>∠</u> ? , that (ate and haur ar	(D)(we) last and fram the
should be filed	22d PHYSIC ANS NAME (Type) TO BUR AL, CREMATION, REMOVA (Specify) FUNERAL DIRECTOR OF THE CONTROL OF THE CON	16 28-69 230 NOME OF MARKE OF ADDRESS	17 (A / II		COMON (City or Town) AR 25b REGISTRAR S	SIGNATURE	(State)

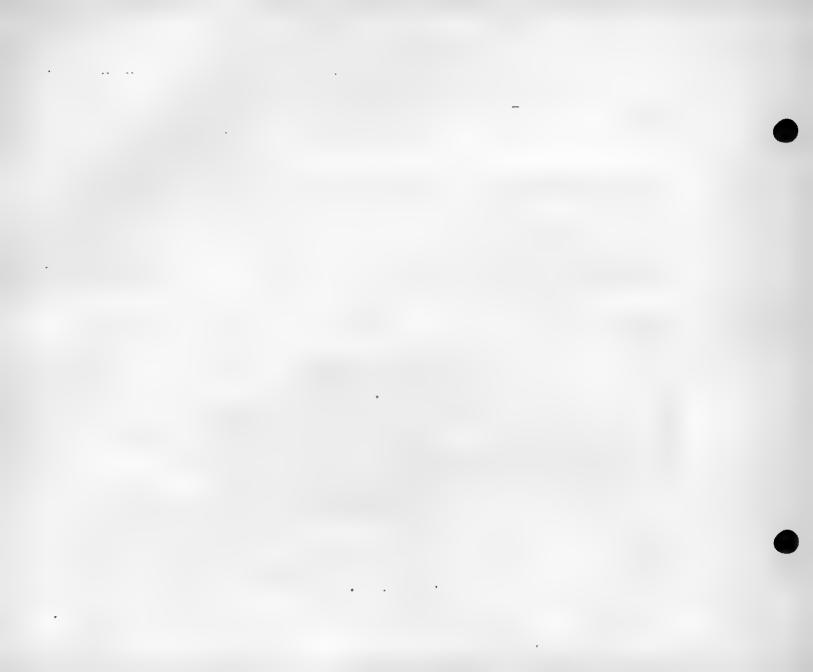


-	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2840
FOR STATE		2142 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED NAME First Middle Lost 2a DATE KNOWN Month Do OF EST. Albert Joseph "alley DEATH MATED 1-9-69"	Year 25 HOUR
3 ta 3 ta Poge	`	Albert Joseph Valley DEATH MATED 1-9-69	19 AM M
d 3	3 \$1		2d. HOUR
2, and 3 th		Male White 12-5-1921 47 YRS 2 16	69 194:30pm M
ony delay	7a	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED Theyer Married 9 COUNTY OF DEATH	
Se of or	1001	Wash D.C. U.S.A. WIDOWED DIVORCED Prince George's	Md
Pag Th Sta			KIND OF BUSINESS OR
the the	L.	g ve street oddress) Wooded Area off District Heights Farkway USUAL RES DENCE (Where deceosed lived, if not tution: Residence before 13c CITY OR TOWN 3d MSIDE CTY LAM. IS?	actor
s after death 18. Give Pages 1, plang with farm with the State be death.	130	USUAL RES DENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CTY LIMITS? 1.3e STREET AND NOMBER	
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		TarrylaHa Prince George's District Heights № 0 7925 District H	
Hear Office Office offer of	14 F	ATHER'S NAME First Middle Lost IS. MOTHER'S MA.DEN NAME First Middle	Lost
7 c w		Thomas R. Nalley Nellie	Clay
hin 24 mines pages hours	16a {Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (es, no, gr unknown) (If yes give wor or dates of service)	
with per xan xan xan 172 72		No 579-16-8718 Arlene G. Nalley (above ad	dress)
ed sol E		IB CAUSE OF DEATH (Enter only one couse per me for (o), (b), ond (c)) PART DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Gun shot wound of head	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ecut ing' ed.co erm wit		PART DEATH WAS CAUSED BY. Gun shot wound of head	
ent put		155 X DUE TO, OR AS A CONSEQUENCE OF	
be hield		Conditions, if any, which gave its to immediate couse (a), (b)	
ony		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shr a ## buri		lost (c)	
INER: This certificate shauld be executed within 2 shauld be forwarded to the Chief Medical Examiner files 3 shauld be used as a burial-transit permit. File page nation, ar removal, and in any event within 72 hour		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
fiffic ander d as	3	The sample of th	20 AUTOPSY?
orw mov	1 E	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	
his offer for the form	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	At CE	ADDITION OF CONTRIBUTION OF HOUSE AND ADDITION OF THE PROPERTY	18)
rer rer hau hau lles sho sto	ă	CHOSE OF DETIT	County - Stote
MIT the the or fire 3 cmg	~	while at work while who coded area off District heights Parkway. Frince George	TOTHA 21018
olcal Examiner: se execute the certi ector. Page 4 shauld ined for your files tECTOR: Page 3 shaul o burial, cremation,			
Xec Xec Yes	ŀ	22a. I certify that I taok charge of the remains described above, held on Autopsy, Inspection	
Se e creamed and se control of the c		death resulted from Natyral Jauses , Acc dent , Suicide , Hamicide , Undetermined manner	J
directoire tr		ACTUAL CHIEF MED CAL EXAMINER []	
Y. P Y. P ira ira ira ira ira ira ira ira ira ira		SIGNATUREMD ASSIANI MEDICAL EXAMINER	7-69
Ssor From the NER		EXAMINER'S John Kehoe MD Riverdale, Md. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	7-69
necessary, please execute the certificate shauld be executed with necessary, please execute the certificate, writing the ward "pending" in per the funeral director. Page 4 shauld be forwarded to the Chief Medical Exam 5 may be retained for your files to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health prior to burial, cremation, ar removal, and n any event within 72.	000	ADDRESS/SINCE, CIT, IOMIT, OF COUNTY	out his and the second
5 + 5 5 +	230	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	ounty) (State)
	74	Buriay 2/20/69 Cedar Hill Cem. Suitland Md FUNERAL DIRECTOR Nalley's Funeral ADDRESMt.Rainier 250 RECO BY REGISTRAR 250 REGISTRARS SIG Home Inc. Maryland Date FP 2 4 1889 REGISTRAR 250 REGISTRARS SIG	NATURE
VR A15ME (5)		Home Inc. Maryland Day FFP 2 4 1989 When I	a Judge
10M REV. 1/68		Trong Trop Mar Around half C a 1000	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. **DECEASED NAME** First Middle Lost 20 DATE KNOWN 2h HOUR Month (Type of Print) 2, and PM3. Poge 198:50pmM Department of DEATH MATED TO Northuo deloy and 3 3 SFX 4 RACE AGE (In years IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD S DATE OF BIRTH 2d HOUR ast birthday) 69199:10pm M White 9-21-1891 YRS Female 100 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED with form USA Rhode Island WIDOWED IX DIVORCED [Prince George's Give Pages Stote 10 CITY OR TOWN OF DEATH 11. NAME OF HOSP TAL OR INSTITUTION (If not in hospito) 120 USUAL OCCUPATION (Kind of work done ofter deoth 12b KIND OF BUSINESS OR during most of working ife, even if retired). INDUSTRY Flome n ve street oddress) Riverdale eland Hospital Housewife 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 13b. COUNTY George 's College Park 9202 Davidson Street hours tend-14 FATHER'S NAME Middie IS MOTHER'S MAIDEN NAME First Middle Lost Wm M Borden Clark Minnie 24 hours \subseteq pages 16b, SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS pencil (Yes, no, or unknown) (If yes give war or dates of service) 220 54 1541 Edith G Donaty College Park. Md. File APPROXIMATE INTERVAL within 18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) BETWEEN ONSET AND GEATH the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown Conditions, if any, which gove rise to immediate cause (a), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Ξ forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) D Diabetes - over 20 yrs. removol nsed 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 190 DATE OF OPERATION WAS PERFORMED? execute the certificate. NO Fac YES 🗍 9 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of in ary in Port 1 or Port 2, item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING cremation, EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF IN JRY (At home, form, street, 21f LOCATION Street or R F D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspect on 30. and in my opinion Inquiry Suicide F death resulted from. /Notural/cooses 🔀 Acciden? Homicide Undetermined manner n eose CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy 70 FUNE Heo!th NAME (Type) ADDRESS(Street, city, town, or county) ohn Kehoe MD Riverdale the BUR AL CREMAT ON 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Middletown Cemetery R. I Jan 25, 1969 New Port New Port ADDRESS 2Sa. REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR F. Gasch's Hvattsville. ons VR A15ME (5) 10M REV 1, 68

MARYLAND STATE DEPARTMENT OF HEALTH



125 1	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
HEALTH_DEPT.	1 D	Day Year 25 HOUR				
is a terminal in its	(Type or Print) John Albert Norton OF ESTI- DEATH MATED T	24 1969 am M			
any delay 2, and 3 t PM Par Pariment	3 S	and head of MONTHS DAYS MOUNT AND	2d HOUR			
b and do		M 7-18-09 59 YRS	Year 69. 1:30			
1, 2 m Dep	7o .	BIRTHPLACE (Stole or foreign 75. CIT.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH ITY) Virginia USA WIDOWED Prince George	*			
Pages 1, 2, with farm Ples e State Depar	10 C		Md. 12b KIND OF BUSINESS OR			
deal with			INDUSTRY			
Give ang	13a	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. C-TY OR TOWN 13d INSIGE CITY LIMITS? 13e STREET AND NUMBER				
s after 18. Grue e alançe death	0	dmission) STATE Md 136 (OUNTY F.G. Hyattsville YES 12 NO 2113 Charlest	on Pl.			
hour Item Offic after	14 F	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last			
thin 24 hours incil in Item 1 miner's Office pages Land 2 haurs after	92 1	James A. Norton Hettie Kidwell				
thin 24 shail in miner's pages haurs		WAS DECEASED EVER IN L 5 ARMED FORCES? des. no., or Jinknown) (If yes give wor or dotes of service) 16b. SOCIAL SECURITY NO James R. Norton Mt Vernon	Va			
Exan File		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	APPROX MATE INTERVA.			
utec gr. i iras iras uthu		PART I DEATH WAS (AJSED BY IMMEDIATE CAUSE (a) Carbon monoxide intoxication	BETWEEN ONSET AND DEATH Min.			
execundin Med Med nt w		DUE TO, OR AS A CONSEQUENCE OF				
be "pe hief ansit		(anditians, if any, which gove) rise to immediate cause (a). (b)				
shauld be executed ne word "pending" is to the Chief Medical burial-transit permit.		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF				
she v he v ta th buri		lost (c)				
ICAL EXAMINER: This certificate shauld be executed within 24 hours after death execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, rar. Page 4 shauid be farwarded to the Chief Medical Examiner's Office along with farmed far your files CTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and man burial, cremation, ar remayal, and in any event within 72 haurs after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a)				
ertif writi ward sed o	TION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?			
NER: This certifica certificate, writing havid be farwardeiles shauld be used as shauld ar remaval, o	CERTIFICATION	WAS PERFORMED?	YES 🔀 NO 🗌			
Thica of be old be	I CER	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1% PRIMARY OR CONTRIBUTING 1				
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CAL exe ar. F ad fo CTOP		deoth resulted fram Natural collect Accident , Suicide , Homicide , Undetermined monner				
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5 2 2 3 5 4	130	PCMOVAI (Coords)	(County) (State)			
r K	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REG STRAR \$ 5	SIGNATURE			
VR ATSME ST		Lee Funeral Home. 300. 4th st N E DATE JAN 29 1969 golon	las Judge			



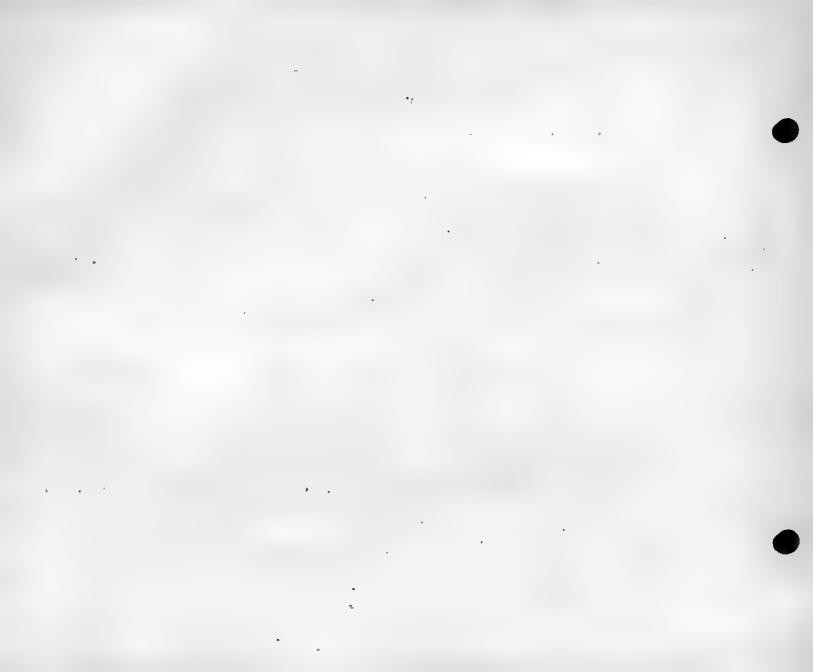
CERTIFICATE OF DEATH To Date of Death	1		04/9. D	IVISION OF VITAL RECORDS,	301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201	
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130 JUAL RESIDENCE (Where decreased ved, it institution, Residence before admission) STATE 13b COUNTY 13c STREET AND NUMBER	<u>'</u>			nave threat anidrets?		o USDAL OCCUPATION (Kind of work don ring most of working life, even if retired	.) INDUSTRY
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ary unknown) 18 CAUSE OF DEATH (Enter only one cause per time for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (d) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED 200. JF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 210. JF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 210. JF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 210. JF YES, WERE FINDINGS C	10	13o adm		ved, it institution, Residence before	13c CITY OR TOWN 13d INS.		1502 51
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		2	at work at work				,
			22b. SIGNATURE	Kat year M.	DEGREE PHYS.	MED. STAFF 25	2c. DATE SIGNED
Berind Kat sea, W. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. 1 3568	Nould be 1		NAME (Type) BEK		m-D - 2685		C. Market
22d. PHYSICIAN'S NAME (Type) BERNARD KATLERY-D 2685 VA-D DEGREE PHYS. D 12569 22e. ADDRESS			Bryovauspecity) /-	27-69 FT.	LINCOLN	BLADFINSB	WRE MA
22d. PHYSRIAN'S NAME (Type) B = RWAPD KATLEW-D 22e, ADDRESS NAME (Type) B = RWAPD KATLEW-D 26 45 Waylor Rd-S-C Clo, & D-C 230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 80 Physrian's 23d Location (City or Town) (County) 1-27-69 F.7 LINCOLN BLADFINS 13 UPC M. d	(4) 168	24.	FUNERAL DIRECTOR	LHELIM 11308	SuitLAND ROTO	KEL D BT KEUISIKAK ZOD. KEUISIKA	K 3 DIGNATURE

MAKTLAND STATE DEPARTMENT OF HEALTH





1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	3142.5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	33
HEALTH DEPT.	I DECEASED-NAME First Middle Lost 2a DATE KNOWN TO Month Day Ye	or 2b HOJR
of of	(type of Fills)	91:30pm
any deloy is 2, and 3 to PM3. Page spart ment of	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years 15 UNDER 1 YEAR 16 UNDER 24 HRS 2c DATE PRONOUNCED OF AD	2d HOUR
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With With	give street address during most of working life, even if ret red.) ND, STRY	NO CCONICUA
Give ang th th	13a JSUAL RESIDENCE (Where deceased lived, if institution Residence before 3.C. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER	· · ·
s often 18. Gi olong 2 with death	odragy and Prince George's Greenbelt MES NO 34 C Crescent Road	
hours ofter death any deloy lem 18. Give Pages 1, 2, and 3 Office olong with form PM3. Po lond 2 with the State Department after death	14. FATHER'S NAME First Middle Last TS. MOTHER'S MAIDEN NAME First Middle	Last
24 H	Alvin J. Oliver 'farjorie Van Heiten	
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Fr Children	nse to immediate cause (a). (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e he word "per to the Chief I burial-transit	(c)	
certificate, writing the word "pending" in petert in Item 18. Give Page rould be forwarded to the Chief Medical Examiner Soffice along with Ites. should be used as a burial-transit permit. Filthe pages I and 2 with the Station, or remayal, and in any event within 72 hours after death	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(o)	
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ibis certifiote, writing to forward be used or removal	WAS PERFORMEN?	NO 🗆
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3 = 1 × 1 = 0	21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (rty or Tawn County)	State
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CAL E executar. Por ed for CTOR: 6		in my opinion
JIY SICA see e erol director be retained RAL DIRECTOR prior to bu	death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner	
TY, pleo erol dir. sal DIR prior 1	ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIGNED	
UTY Dry, Der be Pri	SIGNATURE MOLECULAR CHARLES TO THE STATE OF	
o DEPUTY SICAL EXAM necessory, pleose execute the funeral directar. Page 45 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, crem	REMAINTER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
To To He	236 BURIAL CREMATION. 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION (City or Town) Cedar Hill Cemetery Suittland Id.	(State)
^	24 HUNERAL OIREGIOR ADDRESS Suitland 250 RECT BY REGISTRAR 250 PROGRAMS SHAPE ROBERT E. Wilhelm Funeral Home Suitland id. 13 1969	del
VR ATSME (TV)	Robert E. Wilhelm Funeral Home Suitland Rd Jai. 13 1969	0





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any any		ATHER'S NAME First	Middle	Last		IS. MOTHER'S MAID			ıddle		Last
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be defached for use as the burial-transit permit. Then please remove carban page shauld be filled with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, within a shauld be defacted for the burial of the material of the manual of the state Dept.		stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF	ructi	ve pulmo	nary dis	ease (emphy	sema.)	year	
ahys phys igne turio	П	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTE	NG TO DEATH BUT N	OT RELATED	TO THE TERMINAL D	DISEASE OR CONDITIE	ON GIVEN IN PART 1(o)		
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law andi be s th	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOPS	iy?	20b. IF YES, WERE FI	NDINGS COL	NSIDERED IN CE	RTIFYING
The affe has see of the p	M					YES 🙀	№ 🔲	CAUSES OF DEATH?	Yes		
N: Or or eal		21o. ACCIDENT WAS UNDERLYING	21b. TIME OF			HOW INJURY OCCUP	RRED (Enter noture	of injury in Part 1 at		m 18.)	
A Pitter and A Pit	180 O	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M.	Manth Day Year							
HYS hosp cer ache	MED	21d INJURY OCCURRED 21e. PL	ACE OF INJURY	NT HOME, FARM, STREET, FA OFFICE BUILDING ETC	CTORY.) 21f.	LOCATION Street	or R.F.D. Na.	City or Town		County	State
the this e Detri		While Not while to twork of work									
by be Stat		22a. I certify that (I) (this saw the deceased aliv	haspital) atter	ided the deceas	ed fram_	2/28	, 19 <u>68</u> ,	ta_ 1/1 /	, 19 <u>_</u> ¢	9_, that	(I) (we) last
ATTENDING etained by th CTOR: After t shauld be di	Ш	causes stated abave, (e an	id pat) view the	hadv after	na mar in (my) r death.	(ant) abinian i	aearn accurrea an	rne dati	e ana naur (ing fram the
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AL Day by the page of the page		22d. PHYSICIAN S				22e. ADDRE					
FR and de be		NAME (Type) Moe	Weiss,	MsD.		Glenn	Dale Ho	spital, Gl	enn I	ale, M	d
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil	23o	BURIAL, CREMATION, 23b DA		23c. NAME OF	CEMETERY O	R CREMATORY		LOCATION (City or Tox		(County)	(State)
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VR A15 [4]		FUNERAL DIRECTOR	(12 -2	ADDRESS		wash?	So. REGIDABLI RED	TAR 1969 REG	MARINE	GAVITURE	dgr.
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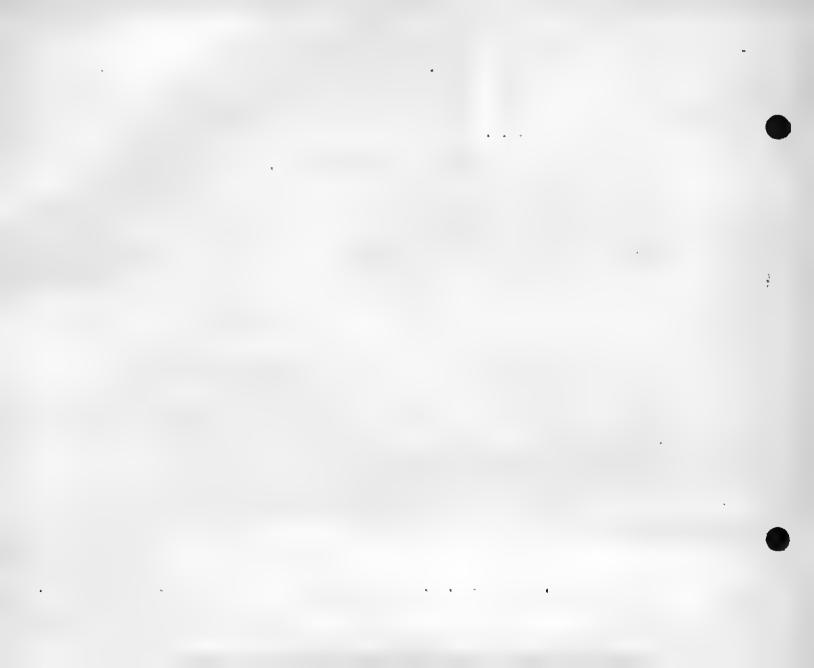
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost 2d DATE OF DEATH 2b HOUR within 24 haurs after death Month (Type or print) William . Pender :30PM Jan 4 RACE S. DATE OF BIRTH 3. SEX 6. AGE (n years signed by the attending physician and completely filled in by the fu bunat-transit permit. Then please remave carban papers. Pages 1 b≡rial, crematian, ar remaval, and in any event, within 72 hours after last birthday) MONTHS MOURS Male April 9, 1907 Caucasian in by 7a BIRTHPLACE (State or fare.gn 7b. E-TIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) New York U.S.A. WIDOWED DIVORCED [filled Prince Coorge's 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress)
Prince Geo. Gen'l Hospital during most of working life, even if retired.) INDUSTRY Cheverly uted v 13a USUAL RESIDENCE (Where decepsed lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER | 13b (OUNTY Prince George's YES NO Maryland Bowie 1203 Lerner Place 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle UNK. requires that the death certificate be John J. Pender 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes no, or unknown) (If yes give wor or dates of service) 086 16 5309 Phyllis M. Pender daughter APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) -with Abcess Formation BETWEEN OMSET AND DEAD PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) _Acute_Pulmonary Edema due to Broncho Pneumonia_1 DUE TO, OR AS A CONSEQUENCE OF (b) Intestinal Obstruction, Cancer of the Transverse Conditions, if only, which gave) nse ta immediate couse (o) DUE TO, OR AS A CONSEQUENCE OF -Colon and Bilateral Pleural stating the underlying couse ()-Effusion. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filmd with the State Dept of Health prior to TENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES XX NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 23e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f, LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (this haspital) attended the deceased from __Dec.__16__, 19.68__, to___Ian.__15__, 1969___, that (N) (we) lost saw the deceased alive an __Ian.__15___, 1969__, and that in (any) (aur) opinion death accurred an the date and haur and from the couses stated above (IX (we) (did) (NXXXX) view the body after death 22b. SIGNATURE 22c DATE SIGNED DEGREE Jan. 16, 1969 DIRECTOR 22a. ADDRESS 22d PHYSICIAN S NAME (Type) Amir S. Banisar M.D. Prince Geo. Gen'l Hospital, Cheverly, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23b. DATE 23o. BUR AL, CREMATION, C PERPYALE TON 1/17/69 Lee's Crematory 20002 Washington, D.C. 25a. RECEABY RECESTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV 1/68 Lee Funeral Home Washington, D.C. DATE

MAKTLAND STATE DEPAKTMENT OF HEALTH



7.1	430	DIVISION OF			STON STREET, I		E, MARYLAND 212	101	194	
1 DECEASED- (Type or p		nie	Middle L.	Pe	lost erkins	20.	January	Day 7	, Yee 196	26. HOUR5a
3 SEX Fem	ale	4. RACE White		S.	DATE OF BIRTH 7-20-84		6 AGE (In year last birthday OZ1	YRS MC	NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a BIRTHPLA country) V	CE (Stote or foreign irginia	76 CITIZEN OF WI	HAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED		inty of DEATH ince Georgi	es		Md.
, , , , , , , , , , , , , , , , , , , ,	own of DEATH rdale	11 N	ame of Hospital or installed in the second of the second o	stitution (4 not ad Memor	n hospitol 120		JPATION (Kind of work working life, even if set		125 KIND OF E INDUSTRY	USINESS OR
13a. USUAL R odmission)	ESIDENCE (Where deceos STATE Md.	ed wed, if institut	ion. Residence before Ceorges	River		NO NO	130. STREET AND NUME 1509 Que		iry Roa	d
14. FATHER'S	NAME FIRST	Middle	Farm	16 15 1	MOTHER'S MAIDEN N	IAME FIRST	Mic	idle		Lost
	CEASED(EVER IN U.S. ARA unknown) [If yes give w	MED FOR(ES? or or dates of service)	220032		ormant dical Re	cord/d	Add aughter <i>EMI</i>	LYP.	CARRIC	CLEN NOD
Condit rise to storing lost.	JSE OF DEATH (Enter on RT I DEATH WAS CAUSE) Ons, if ony, which gove immediate cause (a), the underlying cause (Continue) OTHER SIGNIFICANT CONTINUES	DUE TO, OR I	AS A CONSEQUENCE OF	rotic ca	dioras		ON GIVEN IN PART 1(a)	2.4		te rome of
210 AC	CIDENT WAS UNDERLYIN	IG 216 TIME O		21c HOW		NO [20b IF YES, WERE FIND CAUSES OF DEATH?	43	n	RTIFYING
(If either	NTRIBUTING CAUSE DE DEAT er, natify medical exame JURY OCCURRED 21e.	ner) P.M.	Month Day Year AT HOME, FARM, STREET FAIL OFFICE BUILDING, ETC	9	TION Street or RF	FD Na.	City ar Town		County	State
22a. I	certify that (I) (th aw the deceased a auses stoted obove NATURE	ts haspital) attilive on Ze, (I) (we)(did)	ended the deceas (did nat) view the	body after de	hat in (my) (ou ath.	IP CC, opinion of MED DIRECTOR			9 , that and hour a	
	AWE (Type) C. J.	Houmann	, M. D.	DEGREE	22e. ADDRESS	ueensb	ury Road, l			Md.
230 BURIAL REMOY	AL (Specify)	DATE -10-196	9 FERT.	CEMETERY OR CE	V CEW	Co		YOR		(State)
24 FUNERAL	DIRECTOR	LEIS VA	Rielle	ale 9	Nol 250. F	REAN RE	33 AR 196956 PAGE	FRAR'S 31	SHARLIRE	

MAKTLAND STATE DEPARTMENT OF HEALTH

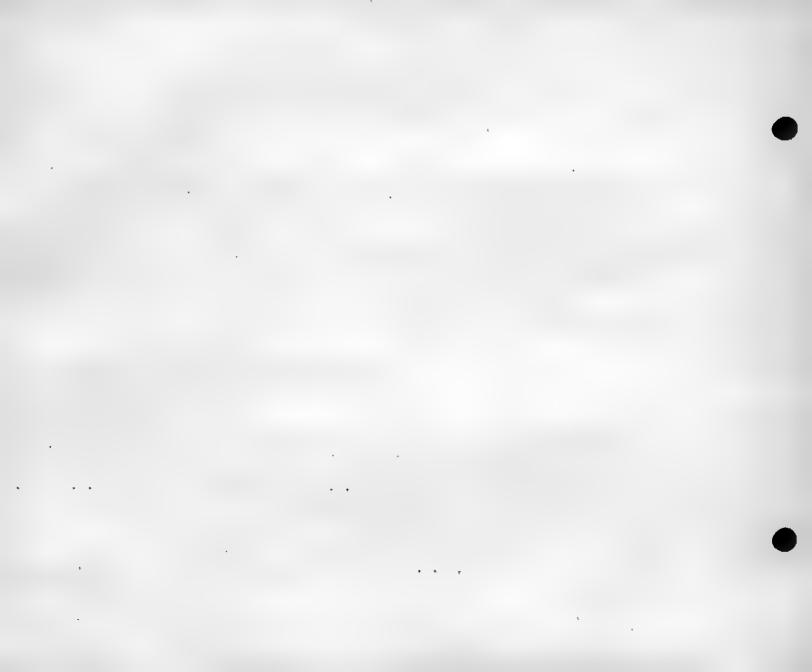


1		0143:	DIVISION O				REET, BALTIMOR	RE, MARYLAND 21201	11428	>
,	ίtε	em23 FilmG409 2				CATE OF		•	. * 4 4 6	>
£ 42£	1 DE	CEASED-NAME First		Middle		Lost	20.	DATE OF DEATH	v. :	2b, HOUR 9:40
haves ofter death, haves ofter, and how's ofter, and		ype or print) Willi		L.		Peyto		January 22,	1969	P.M
	3 SE		4. RACE	3		S DATE OF BI		6. AGE (In years	MONTHS DAYS HOL	NOER 24 HRS.
S S S S S S S S S S S S S S S S S S S		Male		gro	2	1	t 31, 189	I KJ		
gd (g : gd	70. E	RRTHPLACE (State or foreign 7 itry) Tennessee	B. CHIZEN OF	WHAT COUNTRY?	WIDOWED	NEVER MAR		UNTY OF DEATH Trince Georges		
2 B	10 (ITY OR TOWN OF DEATH		NAME OF HOSPITAL OR INST		L		UPATION (Kind of work done	126 KIND OF BUSIN	Md.
## ₹ 5 5 7 1		lenn Dale	giv	ve street address)Glen:	n Dale	e Hospi	taduring most of	working life, even if retired) own - Retired	INDUSTRY	1600 1111
completely f	130	JSUAL RESIDENCE (Where deceased	lived, if instit	tution:Residence beføre 🗸	13c CITY OF	R TOWN	36 INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
composed of the security of th	I	SSIGN) STATE C.	13b. COUNTY			ington	YES NO	4108 Illinois	Avenue,	N.W.
equires that the death certificate be executionally signed by the attending physicion and comburial-tronsit permit. Then please remove burial, cremation, ar remavol, and in any events.	14 F	TATHERS NAME First W1111am	Middle L.	Peyton, S		S MOTHER'S MA	AIDEN NAME First Mary	Middle	Tuggle	ost
nte b	160	WAS DECEASED EVER IN U.S. ARMED	FORCES?	16b SOCIAL SECURITY N		INFORMANT	· · · · · · · · · · · · · · · · · · ·	Address	- 00	
physician please avol, and i	L	es, no or unknown) (if yes give war	or dates of service)	408-12-23	33-A	Deced	ent			
ng p The		18. CAUSE OF DEATH (Enter only	ane cause per	line far (a), (b), ond (c))		* 41			APPROXIMATE I BETWEEN ONSET A	nterval Ind Oeath
ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED I IMMEDIATE	CAUSE (a)	Bronchopneu	nonia	with a	oscesses		days	
he aff		Conditions, if ony, which gave	DUE TO, O	R AS A CONSEQUENCE OF						
ort 1 V tho nsit		rise to immediate cause (a),	(b)	R AS A CONSEQUENCE OF						
4: The low requires the ar oftending physicion. The hos been signed by a use as the burial-tron colth prior ta burial, cre		stating the underlying cause lost	(d)	Bronchogeni	c car	cinoma,	right lu	ng, with metas	- 5 mo.	
quir phys signs signs buric		PART 2 OTHER SIGNIFICANT COND	TIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED T	O THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
w re ing sen the	3	Right pulmonar								
tend tend os be os prio	CERTIFICAT ON	19a DATE OF OPERATION 19b. CO	NDITION FOR V	WHICH OPERATION WAS PER	FORMED	20a. AUTO		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIF	YING
in the second of	ERTE	21a ACCIDENT WAS UNDERLYING	216 TIME	OF INJURY	21c H	YES NOW INTERPO		re of injury in Part 1 or Part 2, 1	tom 18 \	
IDING PHYSICIAN: The low real by the haspital ar attending After this certificate has been to be detached for use as the state Dept. af Health prior ta	S	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.A	M Month Doy Year		ION HOBEL OCC	OKKED (CINE) HOLD	re or neory in run (or run 1, i	idili idi)	
respi cert ched pt. a	Q.	(If either, natify medical examine 21d INJURY OCCURRED 21e. P.	ACE OF INJUR	1.4		OCATION Stree	et or R.F.D. No.	City or Tawn	County	Stote
the this the deto		While Nat while at work								
by there story		22a. I certify that (1) (this saw the deceased aliv	haspital) a	ittended the decease	d from_	10/7/	, 19 <u>68</u>	, ta 1/22/ , 19	69 , that (4)	(we) last
ned ned the the		causes stated above,	re an	d) \$3162537) view the	ady after	death.	ns (aur) apinian	death accurred an the da	re and navr and	from the
A Paragraph of the para		22b SIGNATURE	_0 1/	14		ATTENDIN	NG MED.	STAFF 22c. I	ATE SIGNED 22/1969	
be DIR		VW	V	m	DEG	REE PHYS	DIRECT(JK FILLS	22/1707	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon page should be filled with the State Dept. of Health prior to burial, cremation, ar remayor, and in any event, within 72 pages 1.		22d. PHYSICIAN'S NAME (Type) Moe	Weiss	, M.D.		220. AUU	Glenn I	ale Hospital		
HOS ge 4 FUNE ecto auld	230	BURIAL, CREMATION, 23b. DA	TE	23c. NAME OF (EMETERY OF	R CREMATORY		LOCATION (City or Town)	(County) (S	itate)
5 5 5 E			1/29/6		er M	emoria	1 Park	Laurel	Md.	
VR ALL	24	FLNERAL DIRECTOR	0 /	ADDRESS	21	1.1.1	25a. REC D BY REG	AAI	SIGNATURE	
30M REVA 144		Till . Hallen	/ /.	Soft HOU	· XZ	nu.	DAN 29	1969 Juane	10	

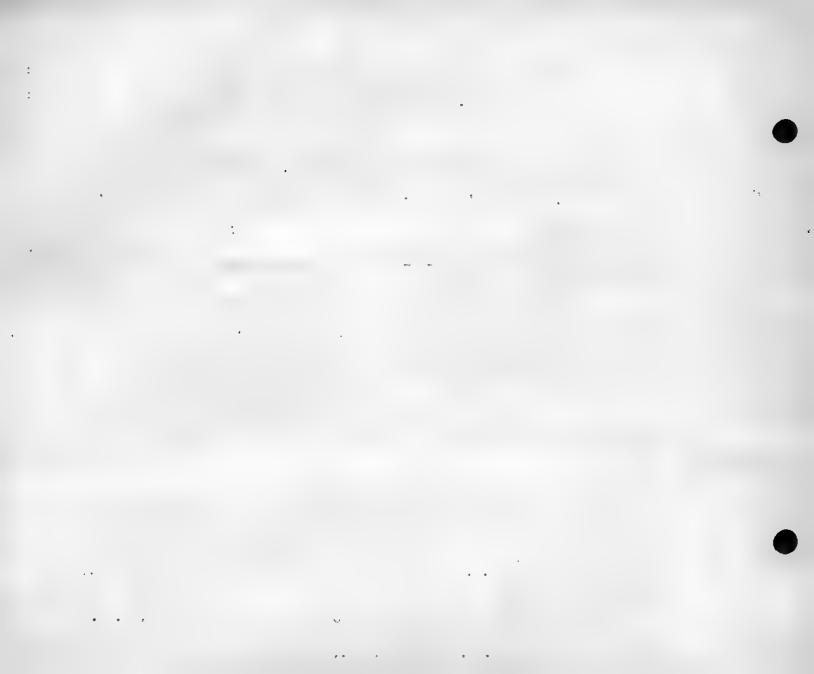




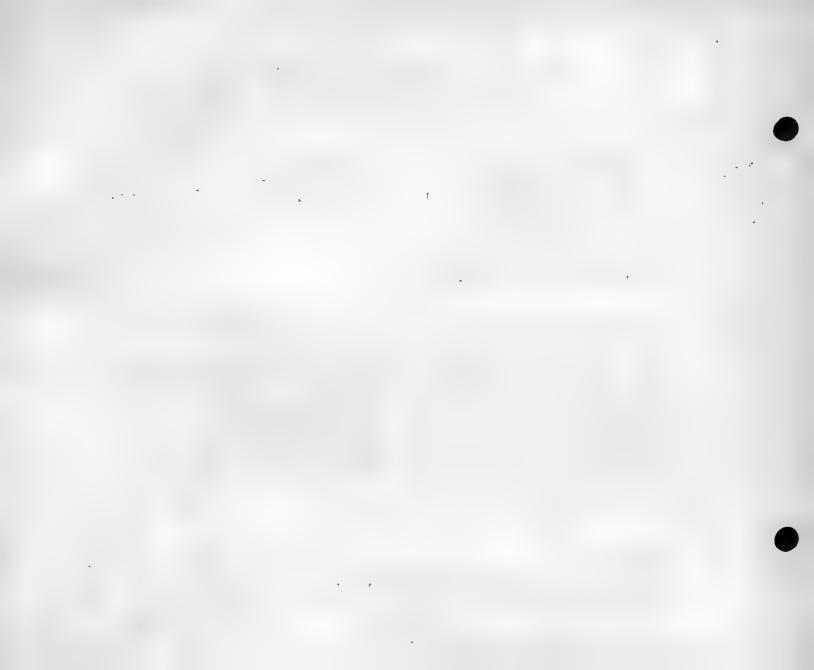
1 71 20		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	d 11 ft .
EOD CTATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1430
HEALTH DEPT.			Service St. HOLLS
		(ype or Print)	Day Year 2b KOUR
2, and 3 to PM3. Page	3 5	Ray Eugenen Pyles DEATH MATED 1 EX 4 RAG	5 19 69 10 ml
delc me	, ,	lost birthday) MONTHS QAYS HOURS Milk Month Days	Year 69 10:40
Py Py	70	M W 5 Aug 1931 37 YRS 1 5 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 94 0m M
		WIDOWED DIVORCED Prince Ge	orge Ma
Stat	10 1	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 1	2b KIND OF BUSINESS OR NDUSTRY
ve F y w the		Riverdale Leland Hosp	Ø M. carol
s offer deoth any deloy 18. Give Poges 1, 2, and 3 clong with form PM3. Power with the State Department deoth		USUAL RESIDENCE (Where deceased lyed, if institut on Residence before 13c CITY OR TOWN 13d MSIDE CITY MISSON 13e STREET AND NUMBER Barb :r's Trai	lor Court
	14	ATHER'S NAME First Middle Lost Its MOTHER'S MAIDEN NAME First Middle	Lost
7=12 \- 0		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Anddle Haggie Virginia Yost	1.031
	16a. (1	was deceased ever in u.s. armed forces? os., no. or unknown) (f yes give wor or dothes of service) 16b Social Security No. 17 INFORMANT Ellen Pyles Laurel,	Md
should be executed with we word "pending" in personate the Chief Medical Exchange burial-transit permit. File I in any event within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rmir with		PART I DEATH WAS CAUSED BY Laceration of brain	Min
exe endi Me t pe int		8/50 DUE TO, OR AS A CONSEQUENCE OF	Mari
hief onsi		Conditions, if only, which gove use to immediate cause (a). (b) Trauma auto accident	
ony		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho e w o th o th in		lost.	
one one		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certific ficate, writing be forwards at be used as or removal,	CERTIFICAT OF	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his ote, ote for the formal for the	RIF		YES NO 🔀
		216 EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING 216 TIME OF INJURY Month, Doy Year PRIMARY TO OR CONTRIBUTING 10: En am 1 5 19 69 216 HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Iter Driver of truck which collided was a contraction of truck which was a contraction of truck which contraction of truck which contraction of truck which contraction of truck which contraction o	1 1
Fee See See See See See See See See See	MEDICAL		
KAMINER: te the certifue 4 should your files 'oge 3 shoul	2	white - NOT would - factory, affice building, etc.)	P.G. Md.
DICAL EXAMINER: This is execute the certificate, ector. Page 4 should be found for your files tector. Page 3 should be use burial, cremation, or ren			
CAL Executor. Poged for a CTOR: Purnol,		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection &, Inquiry &, death resulted from Natural courses, / Acciden // XI, Suicide, Hamicide Undetermined manner	_
eleose ex director. Manned for DIRECTO			
Ty pleose y, pleose prol directs as ratained RAL DIREC		ACTUAL SIGNATURE ACTUAL ACTUA	GNED
UTY.		MIGNATURE AND RESIDENCE CAMBRIDES AND RESIDENCE CAMBRIDATION RESIDENCE CAMBRIDATION RESIDENCE CAMBRIDATION RESIDENCE CAMBRIDAT	5-69
TO DEPUTY COLCAL EXAM necessory, please execute the funeral director. Page 4 5 may be rationed for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) RIVERGAL REDUCT REDUCT EXAMINER RI ADDRESS (Street, city, town, or county)	
10 Te a 10 Te	230	BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town)	Caunty) (State)
	- 1	Surial 11-8-1964 Elene 200 Jonney 4), Ua
VR A15ME (5)	24	ADDRESS & 3/4/12 So RECD BY REGISTRAR 256 REQUERRARS SI	
10M REV 1/68	_	Joke & Mallingly Wash, S. DATELAT 13 1969 policine	and harden



1 1	It	em 2 Film 409 2-14- MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	91431
HEALTH DEPT.		ECEASED-NAME First Middle Last 2a DA	TE KNOWN Month Day Year 2b HOUR
. 2 9 1 4 1 A	{	Type or Print) Herbert William Raemsch	
\$ P P	3 S	EX 4 RACE 5 DATE OF BIRTH 6 AGE (n years f JINDER 1 YEAR IF UNDER 24 HRS 2c, DA	E PRONOUNCED DEAD 24 HOUR
ny delay 2, ond 3 PM3, 75		M W 24 Dec., 19 18 50 VRS MONTHS DAYS HOURS MIN. Mc	onth I 3X 30 Year 169 17:25 M
		BIRTHPLACE (Stole or foreign 75 CITIZEN OF WHAT COLINTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF	DEATH
25 <u>D</u> 55	cour	Montana USA WIDOWED DIVOKED P	rince George Md.
death we Pages with far the State	10 (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working) The street address and the street of working most of wor	ON (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY
Give Grive In the the	10	One verty Tithe dedige nospa Truck D	river interstate
Mil all all all all all all all all all a	130. a	USUAL RES DENCE (Where deceosed lived, if institution Residence before 13c. CTY OR TOWN 13d MSIDE CITY JM.15? 13e ST dm ssion) STATE Md. 13b COUNTY Prince George 12c. CTY OR TOWN 13d MSIDE CITY JM.15? 13e ST	REET AND NUMBER 505 68th Pl.
Item I off		ATHEKS NAME First Middle Loss IS MOTHER'S MAIDEN NAME First	Middle Lost
2.5 2 2		Charles Raemsch Bitie	Hawkens
within 24 pencil in xaminerx ile pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (11 yes give war or dares of service) 16b SOCIAL SECURITY NO 17 INFORMANT	ADDRESS Seat Pleasant, Md
J with the Exam File n 72	-		505-68th Place, 20027
ol E		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1 DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
ding ding hedi		162 Hemorrhagic shock	Minutes
per per ef A nsit		Canditians, if any, which gave	
ord by Chi		rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	over l yr.
should be executed ne word "pending" in to the Chief Medical E. burial-transit permit. F in any event within		1031.	1
INER: This certificate should be executed within 24 e certificate, writing the word "pending" in penal in should be forwarded to the Chief Medical Examiners files. 3 should be used as a burial-transit permit. File pages notion, or removal, and in any event within 72 hours		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART I(o)
ificate tring the property of	~		
wr. wr. orwe	CATIC	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This certificate incate, writing the be forwarded to do be used as a bor remaval, and	CERTIFICATION		YES NO
	SA C	PRIMARY OR CONTRIBUTING HOUR A.M.	ury in Part I or Part 2, Item 18)
INER: e cert shoul files. 3 shou	MEDICAL	CAUSE OF DEATH P.M 19 21d NJURY OCCURRED 2 e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. Na Ci	ty or Town County State
		WHILE NOT WHILE factory, office building, etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DEPUTY DICAL EXAMINER: scessary, please execute the certime funeral d rectar. Page 4 should may be retained far ymur files. FUNERAL DIRECTOR: Page 3 should ealth prior to burial, cremation,		22a certify that I took charge of the remains described above, held an Autopsy , Inspection	n [x], Inqu'ry [xc], and in my apınıan
CAL or. exe or for. CTO			determined manner
please e) d rectar.		CHIEF MEDICAL EXAMINER	7
Ty, please ry, please eretails.		ACTUAL SIGNATURE M.D. ASSISTANT MED CAL EXAMINER	22b. DATE SIGNED
PUTY Sary, unero y be NERAI h pri		EXAMINER'S John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER	The second secon
ro DEPUTY necessary, the funeral 5 may be r to FUNERAL Health pri	07	NAME (Type) ADDRESS(Street, city, town, or converse o	
00 # 20 P	230	PEMOVA (Snedty)	ON (City or Town) (County) (State)
	24	Burial / 2/3/69 Cedar Hill Cemetery Was: FUNERAL DIRECTOR / ADDRESS 250. RECD BY REGISTRAR	hington, D. C. 25b REG STRAR S SIGNATURE
VR A15ME (5)			1969 Milanea Jugar
IOW KEN INOUT I		4 TOO SULLIBRIU NOBU. D. D. DILLIBRIU, MIG. ZUUZT	



-	Item? FilmGLO2 MARYLAND STATE DEPARTMENT OF HEALTH	
	2/1.0/69kk DIVISION OF VITAL RECORDS 391 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1452
FOR STATE	0143 : MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 700
HEALTH DEPT,	1 DECEASED NAME First Middle Lost 2a DATE KNOWN Month D	ay Year 2b HOUR
20 2 2	(Type or Print) Claudia Beasley Rector DEATH MATED To 1-25-	-69 199:00am
5m 0 / E	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years 1 YEAR) IE UNDER 24 HRS 2 DATE PROMOUNCED DEAD	2d HOUR
and de	(ast birthday) MONTHS GAYS HOURS MIM, Month Day	Year
2, and 3 to RM3 Page	Female Negro 11-27-1905 63 VRS 11-27-1905 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	69" 191: Opm M
8-3-	country	
- 2 - A A	WASH HIT WASH	Mo
with with the		b KIND OF BUSINESS OR DUSTRY
	Cheverly Prince George Hospital	3031R1
haurs after frem 18. Give Office along	130 USUAL RESIDENCE (Where deceased uved, I institution Residence before 13c CITY OR TOWN 13d INSIGE CITY UM/15? 13e STREET AND NUMBER	
2 wil	odmission State and Rince George's Fairmont Hgts. YES NO 5814 I Street	
Heaves Iftem 10 Office Tand 2	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	last
E # 0 5 2 /		
d be executed within 24 d "pending" in pencl in Chief Medical Examiner's transit permit. File pages y event within 72 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
third mur ho	(Yes, no, or unknawn) (Hyws give war or dates of service)	
xecuted wit ding" in pe Medical Exar permit. File it within 72		APPROXIMATE INTERVAL
be executed "pending" in nief Medical E ansit permit. F event within	18 CAUSE OF DEATH (Enter an y one cause per line for (a) /b) and (c)) PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND CEATH
ecu ing edir wii	IMMEDIATE CAUSE (a) Route m ocarditis, local	
end end if p	4 d d X DUE TO, OR AS A CONSEQUENCE OF	
hiel ans	Conditions, if ony, which gave the state of	
nuld vord he Cr he Cr any	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be e re word "per to the Chief I burial-transit	lost (c)	
ER: This certificate should be executed within certificate, writing the word "pending" in penclauld be farwarded to the Chief Medical Examines should be used as a burial-transit permit. File page ian, ar removal, and i≡ any event within 72 hau	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
fica ing den den as		
certif arwar used maval	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
its certificate, writing forwards to used as remayal,	₩AS PERFORMED?	YES 🔀 NO
This incate, be to d be u	19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	
VER: T certific hauld b les shauld tian, ar		14 /
(AMINER: le the certi le 4 shauld rour fles age 3 shau crematian,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d .N.J.RY OCCURRED 21e, PLACE OF INJURY (At home, form, street) 21f LOCATION Street or R.F.D. No. City or Town	Country
MIN the the d start in f e 3	frame office building and	County State
ICAL EXAMINER: Execute the cert for. Page 4 shaule of for your fles CTOR: Page 3 shau	WHILE NOT WHILE I ITCOMY, drike doliding, etc.)	
Cecu Por Por Figural,	22a certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🔀, Inquiry 🔲,	and in my opinion
rcal exector Popularial	death resulted fram Natural causes X Accident Suicide . Homicide Undetermined manner	1
please I director reformer DIRECTOR ar ta b	CHIEF MEDICAL EXAMINER	
y, ple eral di be rett sat bi prior	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	SNED
EPUTY SSSOTY, p funeral ay be re JNERAL th prior	DEDITION OF THE MEDICAL PROMISED TO	26-69
DEPUTY ressory, e funerd may be FUNERAL	EXAMINER'S John Kehoe ND Riverdale. Id. ADDRESS(Street, cty, town or county)	
necessory, please execute the funeral director. Page 45 may be retoined for your of FUNERAL DIRECTOR: Page Hearth prior to burial, crem		ounty) (State)
E E	REMOVAL (School for)	D.C.
	10.002000.	
VR ATSME .5		a Juage
10M REV 1/64 104	UNIVERSEL FONEREL HOMES 16 HST. N.E. DAIJAN 3 1 1969 yellowle	as hunder





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ן ו		31430	DIVISION OF	VITAL RECORDS, 30		OF DEATH	TIMORE, MAR	YLAND 21201	A	,
- 1							10 5155 00	N.C.I.W.I.	0143	
		CEASED-NAME For Property (EASED-NAME)	erst	Middle	_ la		20 DATE OF	Month Do	y Year	2b. HOUR
J.			Baby	Boy	Robert		Jan.	8.	1969	2:20PM
١	3 SE		4 RACE		S. DAT	E OF BIRTH		6. AGE (In years last birthday)		IF UNDER 24 HRS. HOURS MIN.
l		Male	Cauca		J	an. 8, 19		YRS.		6 23
I	70 B	IRTHPLACE (State ar foreign	76 CITIZEN OF WH	AT COUNTRY? 8.	MARRIED 🔲 NEV	ER MARRIED	9 COUNTY OF	DEATH		
l	M	aryland	U.S.	Ele	WIDOWED	DIVORCED T	Prince	George's		Md
I	10. C	ITY OR TOWN OF DEATH		ME OF HOSPITAL OR INSTIT	UTION (If not in ho		JAL OCCUPATION	(Kind of work done	126 KIND OF B	USINESS OR
ı		everly	Prin	reet oddress) nce Geo.Gen	1 Hospi	tal during r	nost of working	life, even if retired.)	INDUSTRY	
l	13a.	USUAL RESIDENCE (Where dec	reased lived, if institute	an. Residence before 13	CITY OR TOWN	13d. INSIDE CITY		REET AND NUMBER		
۱	aami: M	ssion) STATE aryland	Prince	George's R	iverdale	YES 1	NO [627	5_64th_Av	OD110	
ĺ		ATHER'S NAME First	Middle	Lost		ERS MAIDEN NAME	First	Middle		Lost
١			James A.	Robertson			Sue	C	Clayton	2
Ì	160.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	T6b. SOCIAL SECURITY NO.	17 INFORMA	ANT	300	Address	_,420,4014	
	Y	es, no, or unknown) (If yes g	jive war or dates at service}							
		IB. CAUSE OF DEATH (Enter	r only one rouse per lin	e for (a) (b) and (r))						ATE INTERVAL SET AND DEATH
		PART I DEATH WAS CAI	USED BY.	0 10. (0) 10) 010 (0)	- Die				OCTALICA UNI	SET AND DEATH
i		17 7 1 1 1 1MM	EDIATE CAUSE (o)	C A CONCEDURACE OF		7				
ŀ		Canditians, if any, which go		S A CONSEQUENCE OF						
ĺ		rise ta immediate cause (o), {	e a constitues of						
		stoting the underlying cou	30	S A CONSEQUENCE OF						
ı		PART 2. OTHER SIGNIFICANT	(c)	TING TO DEATH BUT NOT	DELATED TO THE T	EDMINIAL DISCASE OF	CONDITION C VEN	IN DART I(a)		
		PAKI Z. GINEK MUNIFICANI	CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT	KECHIED IS THE II	EKMINAL DIJEAJE OK	COMPINION & VE	in raki i(u)		
ı	<u>₹</u>	19a. DATE OF OPERATION	OF CONDITION COD MIN	CH OPERATION WAS PERFO	DUEN 20.	a. AUTOPSY?	20h IE	YES, WERE FINDINGS	CONSIDERED IN CEL	PTIEVING
	Z.	170. DATE OF OPERATION	IND. CONDITION FOR WITH	CH OPERATION WAS PERFO		3 4	CALIETE	OF DEATH?	CONSIDERED IN CER	VIII TINO
	CERTIFICATION	21a. ACCIDENT WAS UNDER	IVING OF THE OF	IMMIDY	1			y in Part 1 or Part 2,	Itama 103	
	AL C	FT OR CONTRIBUTING TT CAUSE OF	DEATH HOUR A.M.	Month Doy Yeor	ZIC. NOW INJU	THE OCCURRED (FUI	er nature at injur	y in Post 1 of Post 2,	116m 10.)	
	MEDICAL	(If either notify medical ex-	aminer) P.M.	10						
	×	21d INJURY OCCURRED 1: While Not while at work	21e PLACE OF INJURY	AT HOME FARM, STREET, FACTOR OFFICE BUILDING, ETC	() 21f LOCATION	Street or R.F.D. N	o. City	or Town	County	State
		of work of work								
		22a. I certify that (I) saw the deceased causes stated ab	(अक्ट्रसङ्क्राह्म) atte	inded the deceased	from Jan		69_, to	Ian. 8, 1	969, that	(I) xwe) last
		saw the deceased	d alive an Jan	did not) view the he	g_, and that	ıu (my) (67.) al	pinian death o	ccurred an the d	ate and haur a	nd from the
		22b. SIGNATURE	ave, (i) (ww) (aid) (ALTHOUGH ALEM THE DO	uy uner ueum.			220	. DATE SIGNED	
١		ZZU, STORMTUKE	The		DEGREE P	TTENDING A	MED.	STAFF D	1/8/	69
l		22d. PHYSICIAN'S				2e ADDRESS	DIKECTOR -	rut?		
1		NAME (Type)				-				
	25		Frederick		D. 4	410 74th	100 In)784
I	230	BJRIAL, CREMATION, REMOVAL (Specify) 23	3b. DATE 1-18-69	23¢ NAME OF CEA				N (City or Town) Verly, Prin	((ounty)	(State)
		FUNKAN DIRECTOR	T-T0-0X	ADDRESS	eorge s					
	29	runkur Dikectuk	1. 7	nistretor		256. KE A	M Z TAK	969b. REGISDIAL	and the state of	8
Ì	74	カングパアーストーブーのがい	Irv Admi	DISTRETOR		DATE			**	

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T market	# 7 9 f	BOT W. PRESTON STREET, BALTIMORI	
and the second		ERTIFICATE OF DEATH	27435
# 124 # 224	1 DECEASED NAME First Middle (Type or print)	Last 2a I	DATE OF DEATH 2b. HOUR
rer death. funeral s 1 and 2 ter death.	Augustus		an. Month 28, 1969 Year 8:35 M
fur fur	3. SEX 4. RACE	S. DATE OF BIRTH	6 AGE (In years IF UNDER) YEAR IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS MIN
ours after death. by the funeral Poges 1 and 2 tours after death.	Male Negro	June 7, 1904	64 YRS MONTHS DATS HOURS
by.	7a. BIRTHPLACE (State or foreign 7b CMZEN OF WHAT COUNTRY?		INTY OF DEATH
5 5 5	country)	Dispersion I	nce Ceorgola Md.
rimed in 72 hin 72	10 CITY OR YOWN OF DEATH 11 NAME OF HOSPITAL OR INST	ITUTION (If not in haspital 12a USUAL OCCL	nce George 8 Md. JPATION (Kind of Work done 12b, KIND OF BUSINESS OR
本でたり	give street address)	during most of v	varking life, even if retired.) INDUSTRY
arb orb	Cheverly Prince Geo Ge	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
omplete ve cork	admission) STATE 13b. COUNTY	YES NO M	5420 Odell Rd.
X S Y S	Maryland Prince Ceorge a	Beltsville Is. MOTHER'S MAIDEN NAME First	Middle last
ate be exection ond college remo	James Ross	I I I I I I I I I I I I I I I I I I I	Ethel Hall
oon noon	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO	D. 117. INFORMANT	Address
0 00	Yes, na, ar unknawn) (If yes give war or dates of service)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1000)
that the death certifi an. Ily the attinding phy transit permit. Then cremotion, or remova	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death ce physician. signed by the attending burial-transit permit. The	PART I DEATH WAS CAUSED BY	Tile and a series of a series	24 hours
dec rimi	14 10 9 IMMEDIATE CAUSE (o) COPORARY	Infomoosis, Acute.	24 110015
tior	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave		
to the first	rise to immediate cause (a), (b) ATECTIOSC	<u>lerotic Heart Disease</u>	2 years
# in in it is a second of the	stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF		
equires physici signe burial-i burial-i		PELATE TO THE TERMINAL DISEASE OF COMPUTE	ON CHIEF IN DADT 1/-1
OR ATTENDING PHYSICIAN: The aw requires the be retained by the hospital ar ottending physician. DIRECTOR: After this certificate hos been signed by 3 should be detached for use as the burial-trared with the State Dept. af Hearth prior to burial, cre	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	L KETATED TO THE TERMINAL DISEASE OR CONDUIT	UN GIVEN IN PART 1(0)
ding ding een the	8 Bronchopneumonia	PODIATO RO ANTORNO	206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
IAN: The aw rectal are of the action of the	Rronchonneumonia. 90. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PER		CAUSES OF DEATH?
PHYSICIAN: The e hospital ar offe his certificate hos stoched for use a Dept. af Hearth pi		YES NORTH	66 20 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10
AN: or or o		21c HOW INJURY OCCURRED (Enter nature	e at injury in Part I ar Part 2, Item 18)
Digital Factor	(If either, notify medical examiner) P.M. 19		
DING PHYSIC by the hospi After this certi be detoched Stote Dept. af		ORY.) 21f. LOCATION Street or RFD No.	City or Town County State
the detector	at work at work		
by the stot	22o. I certify that (i) (this charpited) attended the decease	d from Jan 27, 1969	to Jan. 28, 19 69, that (I) (www lost
TENDING ined by the DR: After to build be d	220. I certify that (1) (thischespital) attended the decease saw the deceased above an Jan 28 causes stated above (1) [see (did) this pat) wew the b	/ <u>69</u> , and that in (my) <u>toxis</u> apinian a	death accurred an the date and hour ond from the
ATTEL etoine CTOR: should with the	22b SIGNATURE	ody offer deoffi.	22c. DATE SIGNED
OR A DIRECTOR A See 3 sed with	Il mom & if were	DEGREE PHYS DIRECTOR	[7] STAFF [7]
rat of post per filed e filed	22d PHYSICIAN'S	DEGREE PHYS XX DIRECTOR	K P PHIS P OME TO 1
moy be retained RAL DIRECTOR: A page 3 should be filed with the	NAME (Type) Norman D. Comeau. M.	The state of the s	, Mt. Rainier, Md.
Page 4 moy be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the Stote Dept. af Heart			LOCATION (City or Town) (County) (State)
F BE Silver	DEMOVING A STATE		Beltsville, Md.
5-5		250 REC'D BY REGIS	STRAR AND COASH RESISTANCE TO STANKE TO THE STREET
VR A15 (4) 30M REV 1/68	24 FOREAL DIRECTOR ROCKVI	lle, Md. DATE FEB	STRAR 196 9sb REPLETANTES YOURGE
	o that he have wheel	DATE	

MAKILAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



		01440		. 301 W. PRESTON STREET.	BALTIMORE, MARYLAND 21201	
		1) 1, 1, 1, 2		CERTIFICATE OF DEA		01437
		CEASED NAME First	t Middle	Last	2a. DATE OF DEATH Manth D	2b HOUR
			Elizabeth M.	Rottman	munin U	dy Seot 8(1) W
	3. SE	Х	4. RACE	S. DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER YEAR IF UNDER 24 HRS
ľ		Female	Caucasian	11/24/1	879 \$9 94 YRS	
	7o l	SIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
		Germany	U.S.A.	WIDOWED DIVORCED		
6	1D. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	ISTITUTION (If not in haspital 12	 USUAL OCCUPATION (Kind of work done uring most of working life, even if retired.) 	
		Cheve rly	Prince Geo.		DE CHY TMITS? 13e. STREET AND NUMBER	
	13a adm	USUAL RESIDENCE (Where deced ssion) STATE	ised lived, it institution. Residence before	13c. CITY OR TOWN 13d INSI	EE NO CO	
		ssion) SIATE Maryland		Mt. Rainier YES	30 TO KITOUE	Island
	14. 1	ATHER S NAME First	Meddle Lost	15 MOTHERS MAIDEN I		Punch I in
	14	Jac			Gertrude	Buechling 6601-North
	100	WAS DECEASED EVER IN U.S. AR es, no, ar unknawn) (Hyes give	war or doles of service) 220-44-		Address scilla R. Zboray	
	=				Arlington, V	APPROXIMATE INTERVAL
		DADT I DESTU MAS CALIC	nly one couse per line for (a), (b), and (c)		WI TTHE COIL!	BETWEEN ONSET AND DEATH
		1112 MMED	HATE CAUSE (a) Heart Fall			
		Canditions if any, which gave	DUE TO, OR AS A CONSEQUENCE OF			
		rise ta immediote couse (o),	(b) AICCIIOSCIO	erotic Heart Dis	ease,	
		stoting the underlying cause last.	(c)			
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT I	IOT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 1(o)	
	-		N		(4)	
	CERTIFICATION	19a DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a AUTOPSY?		CONSIDERED IN CERTIFYING
ļ	HE			YES TX	NO CAUSES OF DEATH?	
		210 ACCIDENT WAS UNDERLY			(Enter nature of injury in Part 1 or Part 2	
	MEDICAL	OR CONTRIBUTING CAUSE OF OU (If either, notify medical exam	iner) P.M.	9		
	W	21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET F) OFFICE BUILDING, ETC	CTORY) 21f LOCATION Street or R.	FD Na Gty or Town	County State
		at wark at work				
		22a. I certify that (I) (t	his hospital) attended the decease	ed from 1957	, 19, to6, 1 *) opinian death accurred on the c	9 68_, that (I) (see) last
		causes stated abov	re, (i) (we) (did) sharp you view the	body after death	20 obunati again accorted ou tue (ant man pho tool pho me
		22b SIGNATURE				DATE SIGNED
		ov. 1	the no	DEGREE PHYS	DIRECTOR PHYS.	1/6/69
1		22d. PHYSICIAN S NAME (Type) T. O.	Toutholter M D	22e. ADDRESS		
			on Levitsky, M. D.		ode Island Ave.Mt.	
	230	BUR AL, CREMATION 236 REMOVAL SPECIFUL 1	DATE 23c NAME OF Arlin	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
	0.0		* *	gton Nat.Cem.		& o
		FUNERAL DIRECTOR Mall	ey's Funeral Mar	t Rainier, 259		SSIGNATURE
	1 1	Home Inc.	Mai	yland DATE		

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-7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CENTIFICATE OF DEATH
death.	DECEASED NAME (Type or print) ADA - RUSSELL 20 DATE OF DEATH TAN Month 2908 9 1034
urs after death	S DATE OF BIRTH august 23, 1886 6. AGE (In years Funder 1 YEAR Funder 24 HRS august 23, 1886 In years Funder 1 YEAR Funder 24 HRS AND HOURS M. N. AND HOUR
io by 2 haur	o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Prince George Mc
filled virthin 7	C CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of work no life, even if retired.) II NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) INDUSTRY
ecuted will campletely ave carbo y event, w	Clinton 7418 Gwyndale Drive None None None Government None
and cam and cam in any ev	4 FATHERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
be ex n and se rem d in an	Unknown Smith Annie Unknown
rificate t hysician n please val, and	Yes, no, ar Jinknown) 11 yes give war or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT Address Clinton, Manage of the social security No. Alice Clark 7418 Gwyndale Drive
requires that the death certificate be executed g physician ond cample; signed by the attending physician and cample; bur al-transit permit. Then please remave can burial, crematian, or remaval, and in any event	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) TERMINAL BRONCHO PNEUMONIA 24 MRS
res that the d sicion ad by the attr al-transit perr al, crematian,	Candillions, if any, which gave (b). ARTERIO SCLEROTIC CARDIO 44 1/RS (b) TREPIO SCLEROTIC CARDIO 44 1/RS (b) TO, OR AN ACCORDING (C), Storing the underlying couse (a), DUE TO, OR AN ACCORDING (B) AR DISENSE WITTH
equires the physician signed by bur al-trai	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a)
- E E E E	19a DATE OF OPERAT ON 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO CAUSES OF DEATH2 21a, ACC DENI-WAS UNDERLYING 21b TIME OF NRY 21c HOW INJURY OF CHIRED. There nature of incurs in Part 3 or Part 3 or Part 3.
IAN: The law tall ar attending the second three second for use as the feeth pract	TO OR CONTRECTOR OF SAME OF DOMY HOUR A.M. SPORTS DOMY YEAR
he haspital of this certifical letached for Bept. of He	[If either, notification of the pm PM PM PM PM PM PM PM P
DING I by t After I be d	22a. I certify that (I) (this haspital) attended the deceased from
Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	22b. SIGNATURE CULTURE STAFF DIRECTOR D
O HOSPITAL O Page 4 may be O FUNERAL DII directar, page shauld be filed	22d PHYSICANS ARTHUR SHAVER TRIBES 8808 BRANCH ADE.
TO HOSP Page 4 1 TO FUNE director	230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Prince Geomy County) Cedar Hill Suith nd, Prince Geomy
VR ATS	ADDRESS / 3/- 1/2 AFT 250. REGISTRAR 1959 REGISTRAR 1950 REGISTRAR

MAKTLAND STATE DEPARTMENT OF HEALTH



	1		DIVISION OF M		STATE DEPARTME			001	
		21441	DIAIZION OF A		80) W. PRESTON STRE ERTIFICATE OF D		E, MAKTLANU 212	201	C.
- (8A	1 0	CEASED-NAME First		Middle	Lost		DATE OF DEATH	- 4.17	2b. HOUR _{TO}
Per lear		ype or print) Josephi	ine	V	Schaeffer		January	100 1969	7.35 1
E - E	3 . SI		4. RACE		S. DATE OF BIRT	TH	6. AGE (In year	OFS IF UNDER 1 YEAR	
s af	L	Female		White	April	9, 1883	lost birthdoy	YRS. MUNITS DATS	HIM CROOM
hour hour hour hour		itry)	76 CITIZEN OF WHAT		8 MARRIED 🔲 NEVER MARRI	CO X	JNTY OF DEATH		
ed is	10.	Illinois (Jnited St.	or more than the state of	WIDOWED DIVORCE TUTION (If not in hospital		Pri UPATION (Kind of work	nce George	Md. OF BUSINESS OR
within 24 hours after death ely filled in by the forecast bon popers. Poge 1 and within 72 hours after Capth		Hyattsville	give stre	et oddress) Sacre	d Heart Home	during most of	working life, even if rei Clerical	tired.)	of Engra
eccuted within 24 hound tomplefely filled in bremove corbon popers.	13o adm	USUAL RESIDENCE (Where, deceosed sistan) STATE	LATIS COUNTY	1-011	and the state of t	HISIOE CITY LIMITS?	13e STREET AND NUMI	BER 2307-	
a du vino	14.	ATHER'S NAME First	Middle	Last	IS. MOTHER'S MAID	DEN NAME First	Mi	ddle	Last
ber en and din and din and		Samuel	F.	Schaeffe		Bert			eyer
ertificate be physician c ren please ovol, and in		WAS DECEASED EVER IN U.S. ARME 'es, no, or unknown) i (If yes give war	or dates of service)	56 SOCIAL SECURITY N			Silver Syde		Ad.
phy em ovo		120		<u> 79–60–013</u>	4- Sacred I	Heart Hor	ne, Hyattsv	ille, Mar	vland
he deoth o o ottending permit. Th		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT Conditions, if only, which gove)	E CAUSE (a) A) DUE TO, OR AS	for (a), (b), and (c)) Learner (c) A CONSEQUENCE OF ENER A	LIZED FAT	disease -	a Congestia	A BETWEEN	weeks
quires that the d physicion. signed by the off buriol-tronsit pen buriol, cremotion,		rise to immediate cause (a), stating the underlying cause	(-/	A CONSEQUENCE OF	2.200,7700			-	,
equires the physicion signed by buriol-tro buriol, cre		PART 2 OTHER SIGNIFICANT COND	(c)	IC TO DEATH BUT NO	T DELATER TO THE TEDALNIAL	DISEASE OF CONDITI	ION GIVEN IN PART 1/a		
requence of the control of the contr	_	PART 2 OTHER SIGNIFICANT COND	ATTOMS CONTRIDETIN	IO IO DENIN BUI NO	I KEEATED TO THE TERMINAL I	DISEASE OK COMBILI	ION OITEN IN PART I(U)		
Dos e	CERTIFICATION	190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH	OPERATION WAS PER	FORMED 20g AUTOPS	NO [2]	20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSIDERED IN	CERTIFYING
IAN: ral or ficote for us f Reolf	13	210. ACCIDENT WAS UNDERLYING or contributing cause of ceath (If either, natify medical examine	HOUR A.M.	NJURY Manth Day Year	21c. HOW INJURY OCCU	RRED (Enter natur	e of injury in Port 1 or	Part 2, Item 18.)	
PHYS ne hos this ce efoche Dept.	MEDI	21d. INJURY OCCURRED 21e. P While Nat while 1	PLACE OF INJURY (A		ORY.) 21f LOCATION Street		City or Town	County	State
DINO J by After J be Stot		22a. I certify that (I) (this saw the deceased all causes stated abave,	hospital) Otten	ded the deceased	d from Jan 1 6 1, and that in (my)	, 19 <u>&&,</u>) (aur) opinian	ta	, 19_ , the the date and hav	it (I) (we) last rand fram the
L OR ATTENDIN y be retained by L DIRECTOR: Afte age 3 should be filed with the Sto		22b SIGNATURE	Fo Cell	nio M.Z	ATTENDING	MED.	STAFF PHYS.	22c. DATE SIGNED	· · · · · · · · · · · · · · · · · · ·
PITAL OI moy be RAL DIR		22d. PHYSICIAN S NAME (Type) THOM	NAS F.	COLLIN	22e. ADDRE	FSS	QUEENS C	HAPEL I	COAD
O HOSPITAL OR ATTEN Poge 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a	BURIAL, CREMATION, 23b. D/ REMOVAL (Specify)	ATE	23c. NAME OF C	emetery or crematory livet. Ce seten	23d.	LOCATION (City or Tow		(Stote)
	24.	FUNERAL DIRECTOR COLLEGE	Pele un Elm	ADDRESS				ISTRAR S SIGNATURE	
VR A15 (4) 30M REV 1/68	1	+ p . E. Pu nhre	W. 9120. 3	134 Georg	ria Ave e	DAMAN 2 0	1969 1	icenthy you	della:



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VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

To see out of a proper 2 . 3.7 pluracy saving

1 2		2,13,21,822			DEPARTMENT OF		AND 21201	
FOD CTATE	FilmG	410 3/4 PIVISIO			RESTON STREET, BALL		AND ZIZUI	1441
HEAITH DEPT	1 DECEASES	NAME DIS	2 1	AL EXAMINE	R'S CERTIFICATE		A DIST WARRIED III	
TEALIT DEFT.	(Type or	Print)					2a DATE KNOWN Manth	
3 10	3 SEX	4 RACE	s DATE OF BIR	A Is AC	Selby (In years IF UNDER I YEAR	IF UNCER 24 HRS	OF EST DEATH MATED Z	
e de la	femal		June 19		birthday) MONTHS DAYS	HOURS M.N.	Month Bay	Year 14 M C. 4
Y 20	7a BIRTHPI	ACE (State or Fareign	76 CITIZEN OF WH		B MARRIED NEVER MA	RRIED X 9 COUN	NTY OF DEATH	
e De	country)	rld	USA		WIDOWED DIVE	ORCED 🔲 Pr	ince George's	N
Poges vith for	10 CITY OR	TOWN OF DEATH			STITUTION (If not in hospitoi	120 USUAL OCC	UPATION (Kind of work done	
wi de	C.	heverly	Pri	treet oddress) nce Georg	e's Hospital	during most of	working life, even if retired) Student	INDUSTRY School
2 with the death.	13a. USUAL adm ssio	RESIDENCE (Where deceded	sed lived, if institu	tian: Residence before	s Riverdale	YES NO	13e STREET AND NUMBER 1-3	11 Lawrence St
P =	14. FATHER	NAME First	Middle		IS, MOTHER'S MA	DEN NAME First	Middle	Lost
24 ht in the i's Of i's Of		Norma	an S Selb	У	Bett	y A Mc Do	nald	
hin 24 ncd in niner's pages hours		CEASED EVER IN U.S. ARMED		16b SOCIAL SECURITY N	0 17 INFORMANT		ADDRESS	
INER: This certificate should be executed within 24 e certificate, writing the word "pending" in penal in should be forwarded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit. File pages ation, ar removal, and in any event within 72 hours		Dr URKNOWN) (fyes give	e war or dates of service)	none	Norman S	elby	Colmar Man	or, Md.
should be executed with we word "pending" in perion to the Chief Medical Exon buriol-transit permit. File I in ony event within 72	18 (AUSE OF DEATH (Enter o	nly one couse per li	ne for (a) (b), ond/(c)	2-4			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rmit with		PART I DEATH WAS CAUSE	ED BY IATE CAUSE (o)	Intak	alian of	Smy		Men
Me Me	8	90×	, ,	AS A CONSEQUENCE OF				
be "po		tions, if ony, which gove o immediate cause (a),	(b)					
uld ord ony		g the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF				
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This certificate should cote, writing the word be forwarded to the Ch be used as a burial-tre or removal, and in any	PART :	OTHER SIGNIFICANT CON	DITIONS CONTRIBUTI	NG TO DEATH BUT NOT	RELATED TO THE TERMINAL D	DISEASE OR CONDITION	I GIVEN IN PART 1(c)	
iffico iting ardec a os ol. a	8							
ceri wr Drwi mov	CERTIFICATION 130° C	ATE OF OPERATION		19b CONDITION FOR V WAS PERFORMED				20. AUTOPSY?
This ote	E STATE	XTERNAL CAUSE WAS	OIL YIME OF	NJURY Month, Day, Yea	60 to: now many or	CCURRED IT		YES NOZE
INER: This certil e certificate, writ should be farwar files 3 should be used nation, ar removo		ARY OR CONTRIBUTING	HOUR AL	ui .	and the second	en en a	of injury in Part 1 or Part 2,	- irem 18)
NER Ne ce thorus		E OF DEATH UURY OCCURRED 21e	DIACE OF INHIDA I	at home, form, street,	21f LOCAT ON Speed		Oty of Town	Caunty State
bical EXAMINER: This certificate lease execute the certificate, writing the director. Page 4 should be farwarded to stained for your files DIRECTOR: Page 3 should be used as a bir to buriol, crematian, ar removal, and			octory, affice building	g, fetc.)			.#5 diverdale	
Poetu Poetu for vol,		22a 1 certify that I	took charge of t	ne remains describi	ed above, held an Auto	opsy 📄, 🛮 Insp	pection [], Inquiry	and in my apinio
bical lease exect director. Per etained for DIRECTOR: or to buriol		leath resulted from.	Natural caus	es 🔲 , Acc den	Suicide 🔲,	Homicide	Undetermined manne	r 🔲
please I director refained DIRECTOR			1 //	1/ /	4 CHI	EF MEDICAL EXAMINE	R 🔲	
	ACTI SIGN	JAL JATURE	11/10	run		SISTANT MED CAL EXAM	HANCE L	TE SIGNED
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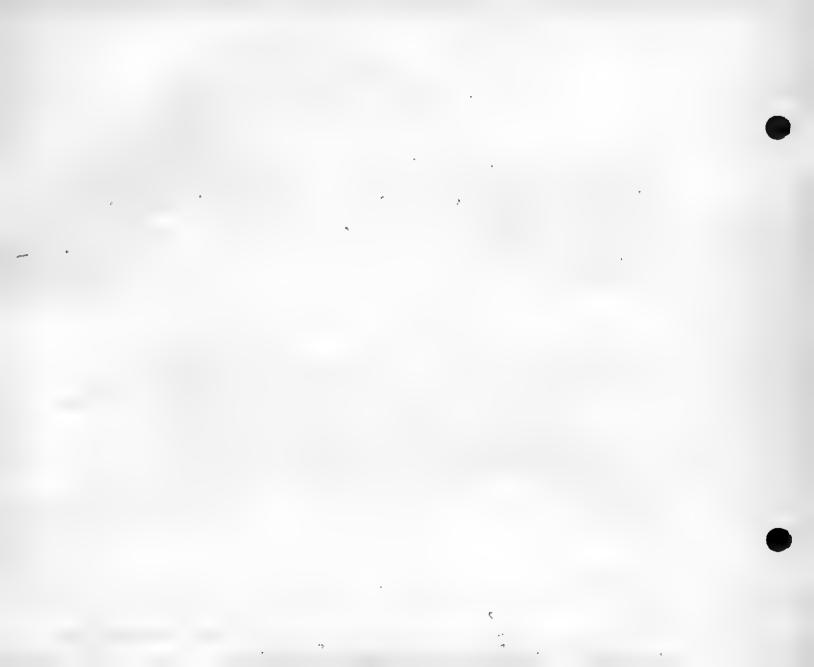
1		nformation take	DIVISION OF VITAL RECORDS,	SUI M DDE	EPAKIMENI OF NI STON STORET RAITII	RUDE MADAIVIN 31	201 028	у .
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ŧ ÷2.ŧ		ECEASED-NAME First	Middle		Last	2a. DATE OF DEATH		2b HOURD
dea		Type or print) Baby		llman			25 Pay 69 Year	7:15
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be execujed within 24 hours after death ond completely filled in by transferreral. Pages and in any event, within 72 hours after death		Cheverly	give street address)	ce Geor	re's Hospita	at af warking life, even if re	tired.) INDUSTRY	D WATTO OV
and completely fremove carbon	13a	USA. RESIDENCE (Where deceased	lived, if institution. Residence before	किन्यार वह	OMN 39 INSIDE CITY 18W	13e STREET AND NUM	BER	
compliance		wigh y HATE ad	Prince George's	Maribo	COYES NO-	R.F.D. Bo	x3919	
ond rem	14	FATHER'S NAME First	Middle Lost	15. /	AOTHER'S MAIDEN NAME FIR		ddie	cast
nd ir	1/4	Francis WAS DECEASED EVER IN U.S. ARMED	Bernard Brown D FORCES? 116b SOCIAL SECURITY	NO 117 INF	Agnes Louis			
ficat ysici ple ol, o	100.	es, na, ar unknown) (If yes give war	or dates of service)	NU. 17. INF	OKMANI	Ado	dress	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exercujed to provide a moy be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the buriol-transit permit. Then please remove carleshould be filed with the State Dept. of Health prior to buriol, cremation, mr removal, and in any event.		18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c))	1.0	<i>2</i> 7		ATE INTERVAL ISET AND DEATH
andin indin		PART I. DEATH WAS CAUSED I	BY: E CAUSE (a) Alakect	ases	of the.	Lungs	36177000 030	N. PHD NEWS
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low endii s bee	S S	19a. DATE OF OPERATION 19b. (O	ONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a AUTOPSY?		DINGS CONSIDERED IN CER	RTIFYING
The offi	CERTIFICATION				YES NO 🗆	CAUSES OF DEATH?		
AN: ologicate for t		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALSE OF DEATH	HOUR A.M. Month Day Year	21c HOW	INJURY OCCURRED (Enter	nature of injury in Part 1 or	Part 2, Item 18)	
SICI Sspit Sertifier T. of	MEDICAL	(If either, natify medical examiner	r) P.M. 1		TION Comet or D.C.D. No.	City or Town	County	State
PHYSICIAN: The hospitol or of this certificate ho detached for use e Dept. of Health i		While Nat while at wark	LACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	/ 211 100	TION SHEET OF K.F.D ING	chy at lawn	Coursey	31010
ING by th ter t tate			haspital) attended the deceas	ed fram_1 /	25/69, 197:	08Pto1/25/69	. 19.7 - 15.Phat	(I) (we) last
END led to lid b he S		saw the deceased aliv	ve an (l) (we) (did) (aid not) view the	9, and t	hat in (my) (aur) apin	ian death accurred an	the date and havr a	ind fram the
Should the first of the first o		22b. SIGNATURE	(i) (we) (oid) (oid) view site	Dady aller de			22c DATE SIGNED	
OR De ra		- Jane	10 N. Fall	DEGREE	ATTENDING ME	RECTOR D STAFF PHYS		
FAL Poor		22d PHYSICIAN'S NAME (Type) Pable	0 7 1		22e. ADDRESS	X		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, cresshould be filed with the State Dept.	Z3a	BUR AL, CREMATION, REMOVAL (Specify) 235 DA		CEMETERY OR CE	s Gen.Hosp.	23d LOCATION (City or Tow Cheverly, P.		(State) e s Md.
20	24	FUNDER DIRECTOR	ADDRESS	70160			ISTRAR'S SIGNATURE	
SOM REV VER	G	Panh	Administrato	2	250. RECID_BY	19 1989 *	car Eng Ju	LAC.

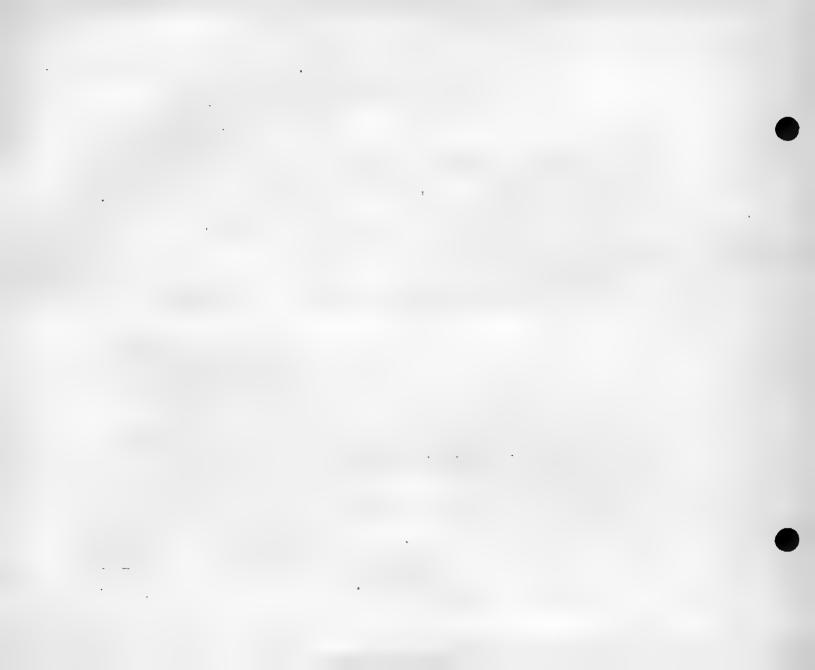


- 1 - 1 - 1	MARYLAND STATE DEPARTMENT OF HEALTH	
EOD STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1 = 42
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	(Type or Print)	
S to See Year	Wesley J Significant Material 1-5-69	
deloy 33 and 33	last birthary) MONTHS DAYS HOURS MIN Month Day	Zd. HOUR
	Male Negro 6-5-1911 57 YRS 1 5 69	19 2:50amm
	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19. COUNTY OF DEATH WIDOWED DIVORCED Prince George 15	
offer death Give Pages 1, along with form with the State Deleath		Md
hoose ofter death lean 18 Give Pages Off ce along with for and 2 with the State	give street address) during most of working life even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	KIND OF BUSINESS OR USTRY
the g x	Cheverly Prince George Hospital	3181
s offer along with deoth	13a LSUAL RESIDENCE (Where deceased lived, funstriction Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY CONTROL TO THE TOTAL TO	
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Office Office office	Paul harps Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Sadie Smallwood	Lost
1 X E X 8 E		
Examiners File pages	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 11. OF CONTROL O	•
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be executed "pending" in lief Medicol E unsit permit. F event within	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
Sing edic wit	IMMEDIATE CAUSE (a) HEAT LAILURE	
be execute "pending" nief Medicol ansit permit-		unknown
J be J 'r Chie rans	Conditions, if any, which gave) rise to immediate cause (a), (b)	
ould vord he Ch ial-tra ony	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho he w to th buri	(5)	
AL EXAMINER: This certificate should be executed with execute the certificate, writing the word "pending" in pengir. Page 4 should be forwarded to the Chief Medical Examilitary your files. TOR: Page 3 should be used as a burial-transit permit. File purial, cremation, ar removal, and in any event within 72 hurial,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)	
te, writin forword forword e used as	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
forw forw USe	WAS PERFORMED?	YES NO X
Three be do be or re	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1)	
INER: This certificate, write the certificate, write should be forward files. 3 should be used ashow, or removo	PRIMARY OR CONTRIBUTING HOUR A.M.	,
INER e cer shoul files. 3 shou	G CAGE OF DEATH	Stote Vinus
	WHILE MOT WHILE Toctory, office building, etc.)	31070
ICAL EXAMINER: s execute the cert for. Poge 4 shoul for your files. CTOR: Page 3 shoul burial, cremation.	22a certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	and in my ap n'an
rcal E executor. Poped far CTOR: burnar,	death resulted from Noturol causes . , Accident . , Suicide . , Hamicide . Undetermined manner .	and in my up n un
pleose e I director retoined DIRECT For to bu		
Ty please y, please rol direction or retained AL DIREC	ACTUAL CHIEF MEDICAL EXAMINER 22b DATE SIGN	Fn
Pri Pri	MONATURE TO A CONTROLL TO A CO	0
ro DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 45 may be retained far your of Puneral Directors. Page Health prior to burial, crem	CARAMITER'S //	1 mul
o o o o o o o o o o o o o o o o o o o	NAME (Type) John Kehoe MD Riverdale Id ADDRESS(Street, city, town, or county) and onle 230 /BURIAL (CREMATON) / 23b DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) 23 (CO)	inty) (State)
	REMOVAL (Specify) / 1-8-69 Harmeny Park	ma
	24 FUNERAL PIRECTOR PO - 1/230 / ADURESS DI J 250 REC D BY REG STRAR 25b. REGISTRAR S S GN.	ATURE
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TOWN KET IT OOL III AD		



	*	- 1	MARTLAND STATE DEPARTMENT OF HEALTH
	1	- 1	7144., DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4/2			CERTIFICATE OF DEATH
+	2 82	_ lī	DECEASED NAME First Middle 20. DATE OF DEATH 2b HOUR
	death and death		(Type or print) EDITH M. SHEA JANON Doy Year 9 7.A M
	p a b	_ l ₂	SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN years IF LINDER 1 YEAR) INF UNDER 24 MRS.
	EL A	- [(ast buthday) MARKES DAYS HOURS MIN
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		Ī	D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
	ond completely filled in remove carban paper	14	CHEVERLY Street address) GEORGES HOSPIA during most of working life, even if retired.) INDUSTRY 30 USUAL RESIDENCE (Where deceased lived, f institution, Residence Before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER
	d w lete arb	- ţi	30. USUAL RESIDENCE (Where deceosed lived, f institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
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	2 2 E		4. FATHER'S NAME first Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	2 E 2/2	- 1	
	ate to execut on and com ease remove and in any ev	ŀ	
	icate sistem		160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no granknown) (14 yes give wor or dates of service) 160. O 7 2 4440 MR. RICHARD F. SHEA. Address S:AME AS # 13
	physia physia nen ple aval, a	ŀ	70
	9 PE E	- 1	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)). PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSEL AND GEATH CONSTITUTE APPROXIMATE INTERVAL BETWEEN ONSEL AND GEATH
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	the or the ortion		Conditions, if any, which gave) I this leaves and affectly
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	ten se personal se		190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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	PH The Legal Phis eta		While Not while at work at work
	N + ×	- 1	220 I certify that (I) (this haspital) attended the deceased fram, 19, to, 19, that (I) (we) lost
	A A A A A A A A A A A A A A A A A A A	- 1	saw the deceased alive on
	F S S S S S S S S S S S S S S S S S S S	- 1	causes stated above, (1) (we) (did) (did not) view the bady after death.
	A S C S S		226 SIGNATURE 220 DATE SIGNED 220 DATE SIGNED
	98 - 18E - 3		DEGREE PHYS DIRECTOR DIRECTOR PHYS DIRECTOR
	A 7 6 6 4		22d. PHYSICIAN'S 22e. ADDRESS
	SPITAL 4 may VERAL iar, pag	7.1	MAME (Type) James W. Harding, M.D. 7601 Riverdale Road, Lanham, Md
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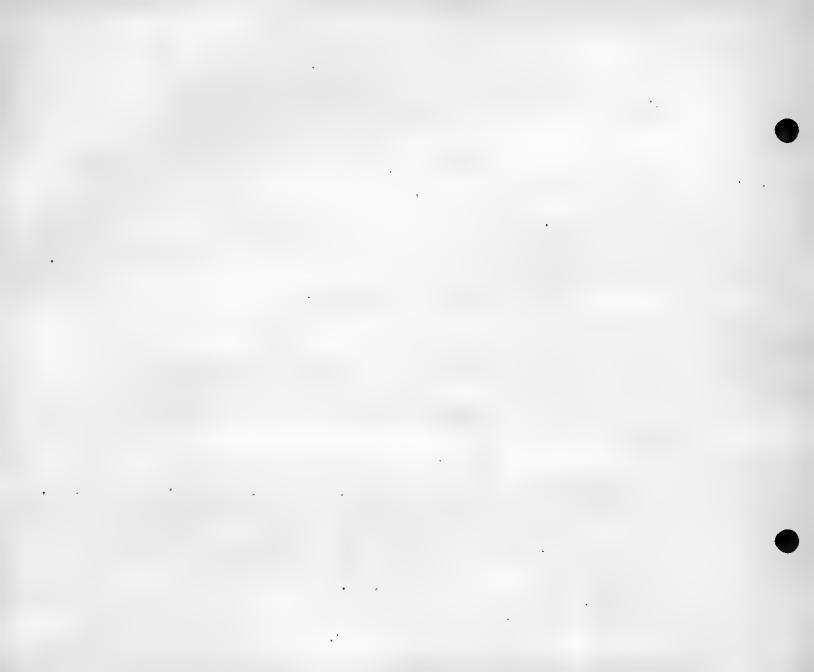




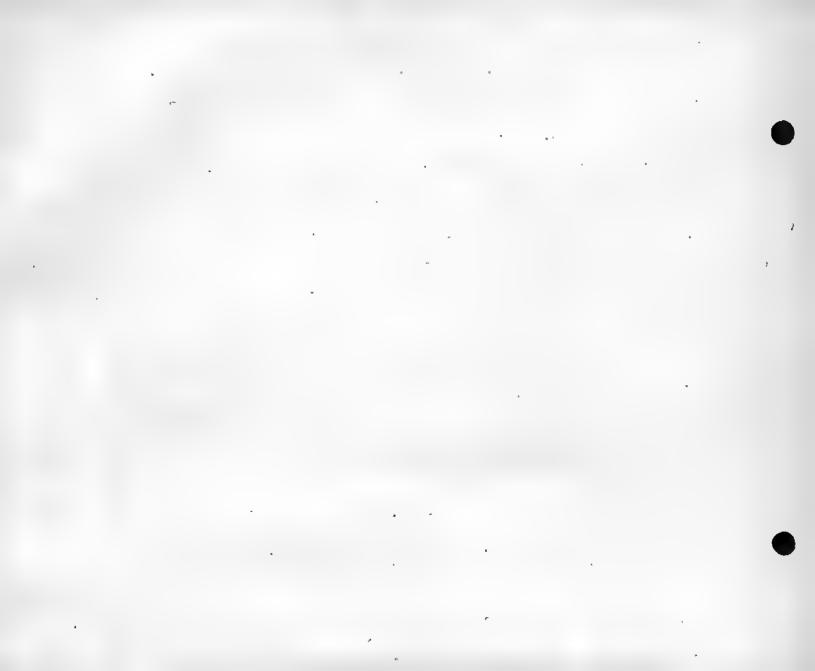
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rspit spit refri red t. of	MEDICAL	(If either notify medical exami	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		OCATION Street	or R.E.D. No.	City or	Town		County	Stote
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30M REV. 1/68		500 UNIVERSITY	BLVD. W	SILVER S	PRING,	MD.	DATE	., 100			- Alach	r-gar

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13	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	61449							
HEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN Month	Doy Year 2b. HOUR							
3 to 3 to 6 of 6	(Type or Pnnt) Charles William Shuniak DEATH MATED X 1-6-6								
2, and 3 2, and 3 2, and 3 Page Page	3 \$	EX 4. RACE S DATE OF RIRTH 6 AGE (In years 1 YEAR F UNDER 24 HRS 2c DATE PROMOHINGED DEAD	24 HOUR							
ond PM3		ale White Jan 23, 1916 52 YRS MONTHS DATS HOURS MAN MONTH 6 Day	69 Year 197:37pm M							
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de pode of pod		give street address) during most of working life even if cetted.)	Maintance co							
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thin 24 incil in niner's pages hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS								
vithii penci amir le pa	()	(es, no, or unknown) (II yes give war or dates of service) 209 03 1084 Elizabeth E Shuniak Hyattsvill	le, Md.							
shauld be executed with ward "pending" in per the Chief Medical Exarurial-transit permit. File in any event within 72		18 CAUSE OF DEATH (Enter only one couse per line far (a), (b) and (c)) PART 1. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH							
ding edit edit wit		IMMEDIATE CAUSE (a) 12 Ultiple lacerations and contusions of brain								
e ey ef M ef M		DUE TO, OR AS A CONSEQUENCE OF Fultiple skull fractures [Conditions, if any, which gave]								
d bld b Char		rise to immediate couse (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF								
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월 두 등 등		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
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cal Exam execute the or. Page 4 d for your TOR: Page		WHILE MOT WHILE DIOCOTY, Office building, etc.) AT WORK MASA Greenbelt, Prince George Cou								
ise execute the certicate Page 4 should ined for your files. RECTOR: Page 3 should obvirid, cremation,		22a. I certify that I taak charge of the remains described above, held on Autopsy 🔀, Inspection 🔼, Inquiry 🔲, death resulted from Natural couses 📄. Accident 🔀, Suicide 🗍, Hamic de 📄 Undetermined manner 🗍								
please directs are to be or to b		CHIEF MEDICAL EXAMINER (_							
JIY DICA Iry, please e eral director be retained RAL DIRECTOR		SIGNATURE ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER 226 DATE SI								
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ro DEPUTY necessary, the funero 5 may be 10 FUNERAI Health pri	22-	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(C)							
7	230	BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY Lilly Cambria 23d LOCATION (Cty or Town) Lilly Cambria	(County) (State) Pa							
	24	FUNERAL DIRECTOR 250 REGISTRAR 25b REGISTRAR S SI	GNAT. RE							
VR A15ME (5) 10M REV 1/6B		F. Gasch's Sons Hyattsville Md.	A Park							



3	CERTIFICATE OF DEATH
	DECEASED-NAME First Middle Last Za. DATE OF DEATH (Type or point) Charles V. Siegel Jr. Za. DATE OF DEATH Charles V. Siegel Jr. Za. DATE OF DEATH Your Jan. Siegel Jr. Za. DATE OF DEATH A N
3	SEX I RACE A RACE S. DATE OF BIRTH 6. AGE (In years If UNDER YEAR IF JNDER 24 MRS. AGE (In years If UNDER YEAR If JNDER 24 MRS. AGE (In years If UNDER YEAR IF JNDER 24 MRS. AGE (In years If UNDER YEAR If JNDER 24 MRS. AGE (In years If UNDER YEAR If JNDER 24 MRS. AGE (In years If UNDER YEAR If JNDER 24 MRS. AGE (In years If UNDER YEAR If JNDER 24 MRS. AGE (In years If UNDER YEAR If JNDER 24 MRS. AGE (In years If UNDER YEAR If JNDER 24 MRS. AGE (In years If UNDER YEAR If JNDER 24 MRS. AGE (In years If UNDER YEAR If JNDER 24 MRS. AGE (In years If UNDER YEAR If JNDER 24 MRS. AGE (In years If UNDER YEAR If JNDER 24 MRS. AGE (In years In years If UNDER YEAR If JNDER 24 MRS. AGE (In years In years If UNDER YEAR If JNDER 24 MRS. AGE (In years In years If UNDER YEAR If JNDER 24 MRS. AGE (In years In years If UNDER YEAR If JNDER 24 MRS. AGE (In years In years If UNDER YEAR If JNDER 24 MRS. AGE (In
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130 adr	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 3d INSIDE CITY LM 152 13e STREET AND NUMBER 13b COUNTY Prince George same 10 YES X NO 5400 Shadyside Ave.
14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Charles V. Siegel Amelia Vitt
	a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, acyunknown) (If yes give word or dules of service) 16b SOCIAL SECURITY NO. 17 INFORMANT Address 578-14-0109 Caroline A. Weeden 5400 Shadysid Ave.
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rice 6	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
SERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO CAUSES OF DEATH?
~ 를	
	While OFFICE BUILDING, FTC.
3	22a. I certify that (I) (this hospitol) attended the deceased from 6, 1967, to 1 3 -, 1967, that (I) (we) las saw the deceased alive an 1967, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stoted above, (I) (we) (did) (did not) view the body after death.
	226 SIGNATURE 226 SIGNATURE MED. STAFF 22c DATE SIGNED PHYS. 7 - 5 - 6 9 22d. PHYSICIAN'S NAME (Type)
23	BURIAL (REMATION, REMOVALISPENTY 23d LOCATION (City of Town) (County) (Stote) REMOVALISPENTY Jan. 8, 1969 Glenwood Cemetery Jash incton D. C.
24	FUNERAL CHRECTOR. Wilhelm 4308 uit PPRESID Road Suitland Ind. 250 RECD BY REGISTRAR 3 SIGNATURE DATE AN 13 1969 250 RECD BY REGISTRAR 3 SIGNATURE DATE AN 13 1969



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1 /8	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
• 0)		CERTIFICATE OF DEATH
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	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dame 12b Kind OF BUSINESS OR
1	10	CHEVERLY TRINCE GEORGES GENERAL during most of work ng life, even if refired.) INDUSTRY
mplete ve cont		USUAL RESIDENCE (Where deceased lived, f institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
IENDING PHYSICIAN: The law requires that the death certificate be executed ined by the haspital ar attending physician. OR: After this certificate has been signed by the attending physician and ample auld be detached far use as the burial-transit permit. Then please remove can the State Dept of Health priar to burial, cremation, ar remayal, and in any event	adm	SSIGN) STATE (STREET OF THE PROPERTY OF THE PR
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ian ian ind	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 116b SOCIAL SECURITY NO 117 INFORMANY Address
lica ysic ple al, a		(es, no. or unknown) (It yes give with ordates of service) OTY OT 4167 B CHARLES SILLERY Same as # 1.3
phy over	 -	APPROXIMATE INFERVAL
he death ce a attending i permit. The		18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY:
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ath an,	1	4/24 DUE TO, OR AS A CONSEQUENCE OF 12
a si ta		Canditians, if any, which gave rise to immediate cause (a), (b) Almost Canditian Candidan Alexand
in. o.y.		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
es les les les les les les les les les l		lost. (c)
equires that the physician. signed by the of burial-transit p		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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ow bee	100	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law re attending has been se as the th priar ta	CERTIFICATION	YES NO CAUSES OF DEATH?
ar or	E	21a. ACCIDENT WAS UNDERLYING 21b TIME OF IN.JRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
For all He	3	GOR CONTRIBLTING GAUSE OF DEATH HOUR A.M. Manth Day Year
Spire	WEDI	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. EDCATION Street or R.F.D. Na., City or Town County State
PHYSICIA he haspital this certifica etached fa & Dept af H		While Not while
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Specific Parameter Specific Para		22a I certify that (I) (this haspital) attended the deceased from 1967, ta 1967, ta 1967, that (II) (we) last saw the deceased alive an 1969, and that in (my) (aur) apinian death accorred an the date and hour and from the causes stated above (II) (we) (did) (did not) view the bady after death
F P P P P P P P P P P P P P P P P P P P		courses stated above ((1) we) (did)
15 to	П	22b. SIGNATURE 22c. DATE SIGNED
OR ATTENI OR ATTENI be retained JIRECTOR: A e 3 should ed with the		DEGREE PHYS DIRECTOR STAFF DIRECTOR Jan. 31, 1969
y y b	1	22d. PHYSICIAN'S 22e. ADDRESS
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TO HOSPITAL OR ATTENDING Page 4 may be retained by the FUNERAL DIRECTOR: After director, page 3 should be director, page 3 should be filed with the State	22-	BUR AL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (Stote)
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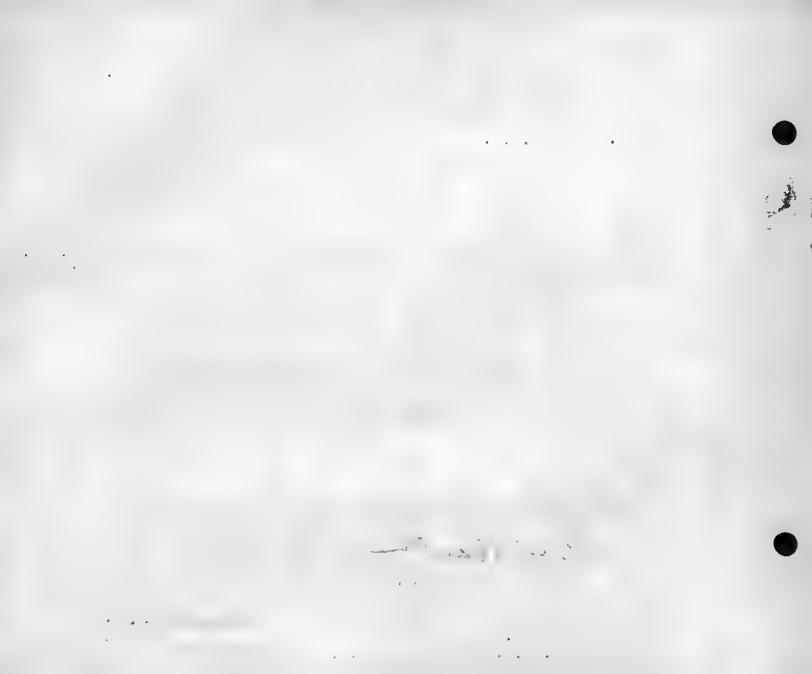


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HEALTH DEPT.	1	DECEASED NAME	First	medica	M ddle		Last	PEAIII	20 DATE 1	KNOWN	Month			b HOUR
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Z, Z,		o BIRTHPLACE (State o	or foreign 75	C TIZEN OF WHAT	* F		RIED NEVER MARRI	IED 9 CO	UNTY OF DEA	ATH		/	1200	7,22,101
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wor wor the rid-		stating the under	rlying cause	DUE TO, OR AS	A COMSECUEN	ICE OF						1		
INER: This certificate should be executed within 24 se certificate, writing the word "pending in pencil in should be forworded to the Chief Medical Examiner's files. 3 should be used as burial-transit permit. File page addition, or removal, and in any event within 72 hours			NUTICANT CONDITIO	(c)	TO DEATH BU	T NOT BELLTED	TO THE TERMINAL DISE	ACT OR COUNTY	Dat # 11/52	D-07-4/3				
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o DEPUTY SICAL EXAMINER: necessary, please execute the certification of the funeral director. Page 4 should 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should Health prior to burial, cremation,		AT WORK AT V		, office building, e	11C. J									
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necessary, please ey the funeral director. 5 may be refouned to FUNERAL DIRECTOR Health prior to bur	-			oe_MDI	Riverd	ale, Md	A	SS(Street, city, to						
01 c ± 20 ±	2	3a BURIAL, CREMATIC REMOVAL (Specify)	111				OR CREMATORY		LOCATION ((Caunty)	(State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11451 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED NAME First M ddle 2b HOUR LOST 20 DATE KNOWN Month Dov Year SPARKENBAUGH (Type or Print) ESTI-ERWIN OF CHARLES 7:30 delay is and 3 ta M3. Page Jan. 16. 169 DEATH MATED 6. AGE [is years SE LINDER 24 HRS 2c DATE PRONOUNCED DEAD 4 RACE IF UNDER I YEAR 3 SEX S DATE OF BIRTH 2, an. PM3. P Day 16, Yeor 69 last birthday) Month Jan 6/7/34 Ma le White 34 Mod . YRS 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country enn. WIDOWED [Prince George's DIVORCED. the State 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION fill not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR quited wast of warking prevenen it ternedy Adelphi Road 130 USUA, RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY JAMITS? 13e STREET AND NUMBER odmission) STATEMaryland | 13b (OUNTY | 7921 Riggs Road Adelphi 1 mnd 2 IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Charles Christopher Sparkenbaugh Josephine Ashton haurs should be farwarded to the Chief Medical Examiner's pages ADDRESS Landover, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) Constance Britt-6126 Perry St. 윤 APPROXIMATE INTERVAL within IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY Gastrointestinal Hemorrhage IMMEDIATE CAUSE (o) event , DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove Bleeding Esophageal Varices rise to mimed ate couse (a). This certificate should the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Cirrhosis of liver <u>_</u> PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 8 removal, CERTIFICATION nseq 70 AUTOPSY? 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? YES 😾 NO 🗔 pe Б 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of invery in Port 1 or Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A M cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) MOT WHILE 220 I certify that I took charge of the remains described above, held an Autopsy x Inspection Inquiry | ond in my opinion director. death resulted from Natural causes for Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 226 DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 1/17/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Ronald N. Kornblum, M.D. NAME (Type) ADDRESS(Street, city, town, or county) the 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION (County) (Stote) removal (Specify) Noblestown Cemetery Noblestown: 24 FUNERAL DIRECTOR The S.H. Hines Cofficient 25b REGISTRARS S GNATUR VR A15ME (5) 14th St. N.W. Washington. -C 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



	1	MAKTEAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		01458 CERTIFICATE OF DEATH 2452
deoth.		DECEASED-NAME First Print Holde Lost 20 DATE OF DEATH 25 HOUR 15 Day 19 6 Year 9 A. M.
executed within 24 hours after deoth nd completely filled in b therefore amove corbon papers. Fages 1 and 2 any event, within 72 hours after deoth	3 5	DATE OF BIRTH 5 DATE OF BIRTH 6. AGE (In years if UNDER 24 HRS last birthday) NONTHS DAYS HOURS MIN
4 hour days hour 72 hour		BIRTHPLACE (State or foreign 7b (ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH wildowed DIVORTED Prince learner Md
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s executed within 24 hour completely filled in remove corbon papers.	13a adn	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN) Poission) STATE AND NUMBER YES NO BOX 317-1. Lauref R.S.,
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rificote hysicial n pleas val, onc		1. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, not/or unknown) (11 yes give war ar dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address
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TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires the Pogm 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhourd be filed with the State Dept. of Health prior to burial, creating.	HON	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) 19a, Date of Operation 19b, Condition for which operation was performed 20a, Autopsy? 20b, If yes, were findings considered in certifying
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OR AT De reto DIRECTO e 3 sho ed with		226 SIGNATURE ATTENDING DEGREE PHYS DEGREE PHYS MED STAFF PHYS 22c DATE SIGNED 22c DATE SIGNED 27c DATE SIGNED
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OM REV 1 48) 2	NUMERAL DIRECTOR 250 RECOMY 260 RAM 36825 RAM DATE



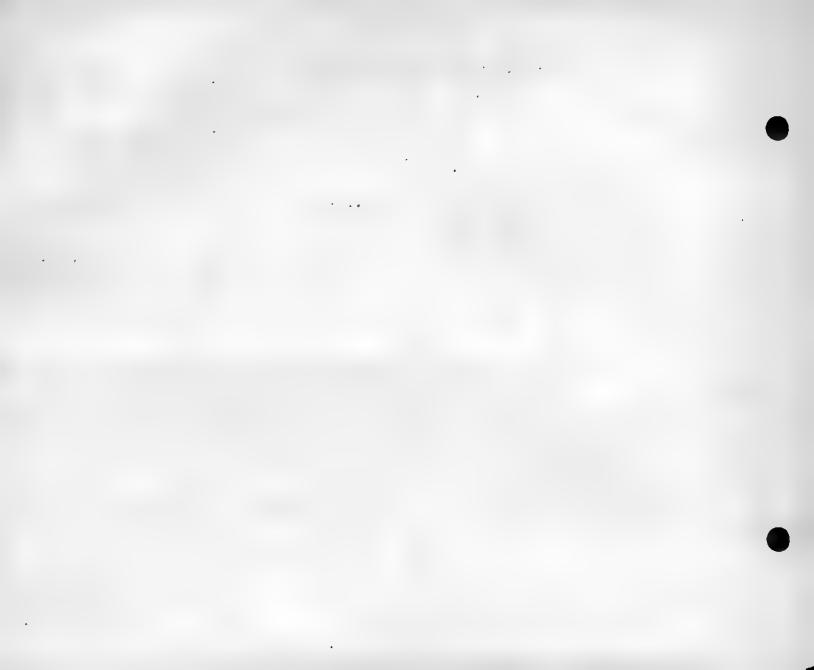
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	icial	certificate has hed far use as or, af Health pr		MEDICAL	OR CONTRIBUTING CALSE OF DEATH	HOUR A.M P.M.	Manth Day Year	9							
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	TENDING	After After 1 be d 5 State			22a I certify that (1) (this saw the deceased all couses stated abave,	hospital) atte	nded the deceas	eq trom—	20 JAN	, 19 <u>69</u> , to	23 141/ 19	69 , that	(I) (we) lost		
		old A: A			saw the deceased all	ve on	(did not) view the	hody after	ia thot in (my). death.	(our) opinion dec	ith occurred on the do	te and hour o	and from the		
	A I	Sha Ha			22b. SIGNATURE	17 (110)(6)	ara nory view inc	2047 4.10.		/	220	DATE SIGNED	10		
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	AL	Poggie			22d. PHYSICIAN'S		25 -		22e. ADDRES						
	O HOSPITAL	ige 4 may be retained FUNERAL DIRECTOR: rector, page 3 shauld autold be filed with the	/		NAME (Type) C. J.	Houmann					y Road, Rive	rdale,	Md.		
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^ 1	1	(14) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 61454	
	It	eml FilmGh09 2/10/69 kk CERTIFICATE OF DEATH	
er death funeral . I and 2 ter death.		CEASED-NAME First Middle Log! 2a DATE OF DEATH 2b HOUR Prior Print	
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14 A 6 74	10 (Try or town of Death 11 NAME OF HOSPITA. OR INSTITUTION (if not in hospital Cheverly 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Prince George's Gen. Hosp. 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 125 KIND OF BUSINESS OR INDUSTRY 12 PHART MENT	4
ate be executed within cign and campletely full date remove carban p and in any event, within	13a. adm	USUAL RESIDENCE (Where deceosed lived, if institution, Res dence before 13c (ITY OR YOWN 13d institution). STATE 13b COUNTY Prince George's Heaver Hgts. 13e STREET AND NUMBER 1401 52nd Ave.	
	14. 1	FATHER'S NAME First, Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Willie Stiles Elly Holmes	
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OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by pe 3 shauld be detached far use as the burial-traited with the State Dept. of Health prior to burial, cre	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE OR CONDITION GIVEN IN PART 1(0) 1) Left Courter Colour precumonia (2) Urnary tracting feeting 19a Date of Operation 19b Condition for which operation was performed 20d Autopsy? YES NO 125X CAUSES OF DEATH?	_
VSICIAN: aspital ar certificate i.hed far us	MEDICAL CER	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. Manth Day Year Off either, natify medical examiner) P.M. 19	_
TENDING PHYSICIAN: ined by the haspital ar R: After this certificate build be detached for u	2	21d INJURY OCCURRED While Not while of wark 1 the deceased from 1/20 1969 to Jan. 31 1969 that PA (we) to	
Page 4 may be retained by to EUNERAL DIRECTOR: After director, page 3 shauld be shauld be tiled with the State		22a. I certify that (PK (this hospital) attended the deceosed from 1/20 , 19 69 , to Jan. 31 , 19 69 , that (R) (we) la saw the deceased alive an 19 69 , and that in (Ry) (our) opinion death accurred on the date and hour and from the causes stated above, (PK (we) (did) (66 KeV) view the body after death.	ist he
be refo DIRECTION 3 shalled with		226 SIGNATURE ATTENDING MED DIRECTOR STAFF 220 DATE SIGNED 220 DATE SIGNED 2-1-69	
TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 shauld be filed w	92-	22d PHYS CIAN'S R.U. FRANCHI 220 ADORESS Finu's Lane Lankon, md BURTAD CREMATION, 23d DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (CITY or Town) (COUNTY) (State)	=
E-5		REMOVAL (Specify) 2-4-69 FINEMONY 25d. REC'D BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 14935-10 REMANDRESS CONTROLLY 25d. REC'D BY REGISTRAR'S SIGNATURE	_
30M REV. 12.8		45 Washington - Son Jugo War DATEFEE 6 1969 June 1	



4 1	I tems, 1, 5, &6 filmGilo MARYLAND STATE DEPARTMENT OF HEALTH				
15	3/	10/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 G1455			
- 8-	1 DF	CEASED NAME First Middle Lost 2a, DATE OF DEATH 2b HOUR			
death.		(pe or print) Month Day Year D			
ir di 1 o	3 SE	I A KALE IN URBER 15 DATE UP BIKIN I B. AGE LIN VEGES IF UNDER 19 INDER 29 INCO.			
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wilhin 24 ho esy filled in bon papers.	caun	Va USA WIDOWED DIVORCED Prince George's County Md			
filled paper		TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 17g USUAL OCCUPATION (Kind of work done 11gb Kind of work done			
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e executed with	13a admi	JSUAL RESIDENCE (Where deceased lived, if institution "Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER			
5 8 3 16		Maryland Prince George Mt. Rainier 4104 33rd Street			
ond corremo	14 F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Lena Spicer			
an (an one)	160	WAS DECEASED EVER IN L. S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address			
AN: The faw requires that the deoth certificate be executed of or attending physician. If or other speen signed by the attending physician and complet for use as the bur of-trons t permit. Then please remove conflictly prior to burial, cremation, or removal, and in any event.		717 07 5835 Florence E Stringfellow Mt Rainier, Md.			
The Diagram		18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONST AND OLATH A. C.			
andir nit.	П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Archive			
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PHYSICIAN: e hospitol or his certificote trached for us Dimpt. of fleety	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)				
SIC Spiral Spira Spiral Spiral Spiral Spiral Spiral Spiral Spiral Spiral Spira S	MEDICAL	Iff either, natify medical examiner) P.M. 19 21d IN. JRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 23f LOCATION Street or R.F.D. Na. City or Town County State			
PH e h his plig		21d INJURY OCCURRED While of work of INJURY (AT HOME, FARM, STREET, FACTORY.) 23f LOCATION Street or R.F.D. No. City or Town County State			
⊕ ← _ ∪ #	Н	22a, I certify that (1) (this haspital) attended the deceased from 1967, ta 1969, ta 1969, that (1) (we) last			
	П	22a. I certify that (I) (this haspital) attended the deceased from, 19, ta, 19, that (I) (we) last saw the deceased alive an, 19, and that in (my) (eur) opinion death accoursed an the date and haur and from the			
A ATTENI retained retained ECTOR: A 3 should with the	П	causes stated abave, (i) (aid nat) view the bady after death 226 SIGNATURE 220 DATE SIGNED			
OR ATTENDIN be retained by JIRECTOR: Afte je 3 should be ed with the Sto	Н	DEGREE PHYS DIRECTOR D STAFF D 1-31-69			
AL C yy by L DI files	Н	224 PHYSICIANS 220 ADDRESS			
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should mhould be filed with the		NAME (Type) RUN M. GRASSGREEN, MI) Mp. Rainer led.			
O HOS Poge 4 O FUN	23a.	BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)			
2 2 2		REMOVA (Specify) Feb 3, 1969 Ft Lincoln Cemetery Colmar Manor Pro Geo Md.			
VR A15 (8)	24	FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. 250 DE ABY REGISTRAR 250 REGISTRAR'S SIGNATURE			



MAKTLAND STATE DEPARTMENT OF HEALTH

	<u>耳</u> t	em 20 Film 411 MARYLAND STATE DEPARTMENT OF HEALTH 10-69 AMS DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	<i>y</i>
FOR STATE		0146 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01457
HEALTH DEPT.		ECCEASED NAME First Indele Lost 2a DATE KNOWN Month	Day Year 2b HOJR
3 ta 3 ta A af	ĺ	ype or Pr.nt) Nellie Jeanette Swann Of ESTI DEATH MATED IN 1-19-	69 196 00 pm
A CO	3 \$		2d. HOUR
ny delay 2, and 3 2, and 3	_		69 ear 19 8: 50pm M
1, 2, n	7a. I	BIRTHPLACE (State or foreign 75 CIFIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	10.0	ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 120 USCAL OCCUPATION (Kind of work done 1)	Md. 2b KIND OF BUSINESS OR
Reath With 1	10 (aive street address) during most of warking life, even if refired 1 11	NDUSTRY
P. P. P. P. C. d.	130	Cheverly Prince George Hospital USUAL RESIDENCE (Where deceased lived, if not lution: Residence before) 13c. CITY OR TOWN 13d. ANSIOE CITY UM. 157 13e. STREET AND NUMBER	
thours after litem 18. Give Office along land 2 with a office death	0	Maryland Prince George's Upper Marlboro VES NO 5419 Warter St	reet
office of and 2		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	(Last /
24 h in the er's Of er's Of urs af		William Deade MARY	Nashington
INER: This certificate shauld be executed within 24 haurs after death in certificate, writing the ward "pending in penal in Item 18. Give Pess shauld be farwarded to the Chief Medical Examiner's Office along with files. 3 shauld be used as a burial-transit permit, File pages 1 and 2 with the Standian, or remayal, and in any event within 72 haurs after death		WAS DECEASED EVER IN U.S. ARMED FORCES? 85 NO, OF UNKNOWN) (If yes give war or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT LISTES WAS MW	
l within n percil Examine File pag		(LARS due not or gues on service)	
ed at E. Hin him		18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. Heart failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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e execution pending ef Medical nsit permit with with the contractions of the contracti		DUE TO DR AS A CONSEQUENCE OF Hypertensive arteriosclerotic Conditions, if any, which gove) heart disease	over 5 yrs.
id by a chick chic		nse to immediate cause (a), (0,001 7 3,100
shauld be e he ward "per ta the Chief I burial-transit 3 in any even		last. DUE 10, OK AS A CONSEQUENCE OF	
AL EXAMINER: This certificate shauld be executed wit execute the certificate, writing the ward "pending in perin. Page 4 shauld be farwarded to the Chief Medical Example or your files. TOR: Page 3 shauld be used as a burial-transit permit. File urial, cremation, or remaval, and in any event within 72.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ting ting al, a	z		
wrij wrij Irwo Ised	STIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
INER: This certifica e certificate, writing shauld be farworder files. 3 shauld be used as astrian, ar remaval, a	CERTIFICATION	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	YIM NO 🔀
		PRIMARY OR CONTRIBUTING HOUR A.M	, 10)
INER: e cert shaul files. 3 shau	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street 21f LOCATION Street or R.F.D. No. City or Town	County State
JICAL EXAMINER: please execute the certification. Page 4 shauld director. Page 4 shauld retained for your files. DIRECTOR: Page 3 shaul or to burial, cremation,		WHILE NOT WHILE factory, office building, etc.)	
ICAL EXAM e execute th for. Page 4 ed for your CTOR: Page		22a certify that I tack charge of the remains described above, held an Autapsy Inspection Inquiry	and in my apinian
UTY SICAL EXAM Iry, please execute th eral director. Page 4 be retained far your RAL DIRECTOR: Page pr.ar to burial, crem		death resulted fram: Natural causes 🖾 Accident 🔲 Suicide 🗀 Hamicide 🗀 Undetermined manner [
please I directo retained L DIREC		CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER 226 DATES	
DEPUTY ecessary, p te funeral may be re FUNERAL		EXAMINER'S	20-69
o DEPUTY Decessory, please extensed the funeral director. S may be retained or EUNERAL DIRECTOR. Health pr.ar to buy	220	Tit Verdallo, Ind.	Coopty) (State) A
F	130	REMOVAL (Specify) 1-24-69 Later Completely of CEMETERY OF CREMATORY 23d LOCATION (City or Town) (CEMOVAL (Specify) 1-24-69 Later Completely)	Pa. Georges Md.
CX	24	FUNERAL DIRECTOR / 250 REC'D BY REGISTRAR 25b REGISTRARS SI	
VR A15MEV5V	In	Partell Cedanil (Laurasco, Mol, DATEJAN 29 1969 police	las Judge



2 、 1		3146.	DIVISION OF VITAL RECORDS,					
- \	I	tor \$ 15 v6 Fil. 31	08 1/20/69 km	CERTIFICATE OF	DEATH	1	1458	
£_~£/	1. D	CEASED NAME First	Middle	Last	20	DATE OF DEATH	4-	2b. HOUR
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草(是大草)	3. SI	X	4. RACE	S. DATE OF BI	RTH	6. AGE (In years	MONTHS DAYS	F UNDER 24 HRS.
5 7 9 S		male	Neo Co.	3/	20/48/1	6. AGE (In years last birthday)	S. MUNIOS DATS	MOURS MIN
A B	70	STRTHPLACE (State or foreign itry)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED THEVER MAR	1 9. CO	UNTY OF DEATH		
	100	VIRGINIA	USA	WIDOWED DIVOR	RCED 🗆 PA	eince 6001	eee	Md
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requires that the death certificate be executed within 24 g physician. I signed by the attending physician and campletely filled is burial-transit permit. Then please remove carban paper burial, crematian, ar removal, and in any event, within 72 burial.	16a. Y	WAS DECEASED EVER IN J.S. ARM es, na, ar unknawn) (1 yes give wi	IED FORCES? or or dates of service) 16b. SOCIAL SECURITY		rufe	Exelent	rylen S	col
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that t an. by the transit crema		nse to immediate cause (a), (stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF		, /	180	1/2 1	
quires th physician igned by urial-tra urial, cre		last	(1) Churn	ic. Impl.	man ot	enducker	medelen	Typo
quir phy sign buri		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT I		D SEASE OR CONDIT	ION GIVEN IN PART I(a)	7	0
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	CERTIFICATION			YES 🗌				
AN: al ar cate car u Heal	S IS	2 I.G. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	G 21b TIME OF INJURY H HOUR A.M Month Day Year		URRED (Enter natur	re of injury in Port 1 or Part !	2, Item 18.)	
September 1995	MED.C	(If either, notify medical examin	ner) P.M.	19				
be retained by the haspital ar DIRECTOR: After this certificate ge 3 shauld be detached far ur and with the State Dept. af Healt	Σ	21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FA	ACTORY.) 21f LOCATION Street	et ar RFD No.	City or Tawn	County	State
the the detailed		at work at work			,			
ENDING ned by the R: After I uld be dith State		22a. I certify that (I) (thi	s haspital) attended the deceasive an	sed from	2 , 19(2/ ,	double accurred on the	19 60 %, that (l) (we) last
R P P P P P P P P P P P P P P P P P P P		causes stated above	, (I) (we) (did) (did not) view the	bod vofter death.	y) (our) opinion	deom occorred on the	uate prio naur u	no nom me
FE Etail		22b. SIGNATURE	10/	-	10	22	Cc. DATE SIGNED /	
OR ATTENI be retained JIRECTOR: A e 3 shauld and with the		(16	hear to	DEGREE PHYS	IG DIRECTO	OR STAFF	1/7/6	9
AL D		22d. PHYSICIAN'S	1000	22e ADD	RESS	1500 0	1	
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filmd with thm		NAME (Type) FIL.	1-15151 K. P-1	4/11/10	(16.11	11012/NB		
HO FUN Tect	230	BUR AL, CREMATION, 236. [CEMETERY OR CREMATORY-	/ 23d	LOCATION (City or Town)	((punty)	(State)
10 P 0 10 J 10 J 10 J 10 J 10 J 10 J 10	4	unine mi	n 11-1969 John	masey Chil	cm. 6	quasco V5	120,11	4.
VR A15 (17)	24.	FUNERAL DIRECTOR	ADDRESS	The state was	JAN 16	1969 256, REGISTRAL	KS GNATURE	۲.

MAKTLAND STATE DEPAKTMENT OF MEALTH



	1			D STATE DEPARTMENT OF		
* Park manager as	1	01460	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
	П	0.1.3.00		CERTIFICATE OF DEATH		01459
후 _ 7호		ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b HOUR
death heral and 2 death	(TAYLO	OR - MARVI	N 2.	JAN Month Do	9 1969 5:15 PM
الم	3. 5			5. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 NRS.
by the fire	L	MALE	CAUCASIA		1886 lost birthday) YRS	MONTHS DAYS HOURS MIN.
bau by	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
d in pers	\perp	"WE51 Vq.	U.S.A.	WIDOWED DIVORCED	PRINCE GE	ORGES Md.
d within 24 hours after letely filled in by the formal papers. Pages 1 nnt, within 72 hours offer		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN: give street oddress)	during r	JAL OCCUPAT ON (Kind of work done nost of working life, even if retired)	126. KIND OF BUSINESS OR INDUSTRY
¥ 1 = 10 × 1			MCI MALCOLM GRO sed tived, if institution: Residence before		LIM 157 13e. STREET AND NUMBER	
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and careman	14.	FATHER'S NAME FIRST	Middle Lost	TS MOTHER'S MAIDEN NAME	First Middle	Lost
n ar se r	L	ELEM	ELIJAH TOY		Ann	COBERLY
equires that the death certificate by physician signed by the attending physician volucial-transit permit. Then please burial, crematian, ar remaval, and i		. WAS DECEASED EVER IN U.S. AR (es, no, or Linknown) (If yes give:	MED FORCES? wor or dotes of service] 166 SOCIAL SECURITY 579 -0/-	M 2 2 2 2 1 1 1	dish Taylor WI.	1115 (Same
phy en ava	-			77.38		approximate interval
in the transfer of the transfe		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c)			BETWEEN ONSET AND DEATH
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The law ratending has been ise as the lift prior to	FCAT	The Date of Cremands	COMMITTEE THE CO	YES NO D	CALIFEC OF BEATUR	
alth bit	- 1	210 ACCIDENT WAS JNDERLY!	NG 216 TIME OF INJURY		er noture of injury in Port 1 or Port 2,	Item 18.)
tol far far f He		or contributing cause of DEA	HOUR A.M. Month Doy Year		.,	
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this Jeta		of work of work				
by there is the control of the contr		22a. I certify that (I) (4)	nis hospital) attended the decease	ed fram 27Jan , 19	69, to 29 Jan , 19	69 , that (1) (we) last
Ped A: A		saw the deceased o	alive an <u>27 Jan</u> e, (I) (we) (did) (did not) view the	IY <u>.67</u> , and that in (my) (our) of body after death	pinian death accurred an the d	ate and havr and from the
Tip Dist	П	22b SIGNATURE	c, (i) (we) (did) (did not) view nic		220.	DATE SIGNED
OR Se re dw		1 Conni	0 R. 10012	M.D DEGREE PHYS.		Jan. 1969
A AL		22d. PHYSICIAN S		22e. ADDRESS		
Page 4 may be retained or Functor, page 3 shauld should be filed with the		NAME (Type) DENNI	S R. DERBY LT COL,	USAF MU Malcolm	Grow USAF Hosp An	drews AFB, Md
Fige rect	230	BURIAL CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
E S S ≥ 20			eb 1, 1969		Elkins	W. Va.
VR A15 (4)		FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b. REGISTRAR	SIGNATURE
30M REV 1/68	LI	ves F.H. 284	7 Wilson Blvd. Ar	rlington. Va DATE-		



		7146.,				ATE OF DEA		E, MARYLAND 21201	011	
I		CEASED NAME First ype or print)		Middle		Last	20.	DATE OF DEATH Month Do	ry Year	2b HOURA
ļ		FT	ank			Thomas		Jan. 2	1, 19	V 2 1
ł	3 SE	X	4 RACE			S. DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS DAY	
į		Male		gro	L	9/3/88	- 7	last birthday) 80 YRS.		
	70 l	IRTHPLACE (State or foreign try) Unknown	U	SA	WIDOWED		1	ince George		Md
		TY OR TOWN OF DEATH	1 9	NAME DE HOSPITAL DR IN sve street oddress) Glenn Dale	Hospi	ot in haspital 12	o USUAL OCCI	JPATION (Kind of work dane working life, even if retired)	126 KIND (INDUSTRY	OF BUSINESS OR
	13a	USUAL RES DENCE (Where decea ssian) STATE	sed aved if ins	titutian Residence befare	13c CTY OR	TOWN 13d. INSI	DE CITY LIMITS?	13e STREET AND NUMBER 1525 Trinids		. N.E.
I	14 [ATHER'S NAME First	M.ddi	e Last		. MOTHER 5 MAIDEN I		M.adle		Last
I		Unkn	own					known		
ĺ	lóa.	WAS DECEASED EVER IN U.S. AR.	MED FORCES?	16b. SOCIAL SECURITY	NG. 17	NFORMANT		Address		
l	Ť	es, no, ar unknown) (If yes give	war or dates of service	187-22-7	244	D. C. Gene	ral Ho	spital Record	s	
ĺ		18 CAUSE OF DEATH (Enter or	y one cause p	er one for (a), (b) and (c))				BETWEE	X MATE INTERVAL ONSET AND DEATH
ı		PART I DEATH WAS CAUSE	D BY:	Recurrent co	rebrov	ascular a	cciden	t	days	
ı		PART I DEATH WAS CALSED BY: MMEDIATE CAUSE (o) Recurrent cerebrovascular accident								
ı		Conditions, if any, which gave		Cerebral ar	erios	clerosis			year	CS
ı		rise to immediate couse (a). stating the underlying couse (c) Generalized arteriosclerosis (c) Generalized arteriosclerosis years.								cs
		PART 2 OTHER SIGNIFICANT CO left putamen a	nd tons conte	BUTING TO DEATH BUT N	of RELATED TO	THE TERMINAL DISEA	SE DRCOND.TI	on GIVEN IN PART I(a) Enc	ephalor dder	malacia,
	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		20b IF YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
	RTIFE					YES 🌊	NO 🗌	CAUSES OF DEATH?		
	MEDICAL CE	21a ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exam		E OF INTURY .M. Month Day Year .M. 1		OW INJURY OCCURRED	(Enter noture	e of injury in Part 1 or Port 2,	Item 18)	
		21d INJURY OCCURRED 21e While Not while at wark at wark	PLACE OF INJU	RY (AT HOME FARM, STREET FA' OFFICE BUILDING, ETC.		CATION Street or R	F.D. No.	City at Town	County	State
		22a. I certify that (t) (th	is hospital)	ottended the deceas	ed from	5/3	19 68_,	to_1/21/	69 , the	ot (X (we) las
		saw the deceased o	l've on	1/21/	9 .69, an	d that in (serv) (ou	ir) opinion (deoth occurred on the d	ate and hou	ir and from the
ı		22b Signature	e, (1) (we) (d	d) (did not) view the	bady after	death.		Lon	DATE SIGNED	
ı		220 SIGNATURE MAY	' W	w	DEGR	EE PHYS	MED DIRECTOR	R R STAFF D 2220	DATE SIGNED . /21/69	
		22d PHYSICIAN S NAME (Type) Mo	e Weiss	, M.D.		Glenn I	ale Ho	spital, Glens	Dale,	Md.
	230	BUR.AL) CREMAT.ON, 23b. REMOVAL (Specify)	DATE - 27-1	9 23c NAME OF	CEMETERY OR	CREMATORY	23d	CATION (City or Town)	(County)	(State)
	24	FUNERAL DIRECTOR	ny Son	S 4925 De	nne k	250.	Apply Sei	RANGED 256 REGISTRAR	SSIGNATURE	again.



	r i	MARTLAND STATE DEPARTMENT OF HEALTH
		0146". DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
£ _~£		ECEASED NAME First Middle Last 20 DATE OF DEATH 2b. HOUR
er deoth funeral I ond er deoth	{	Type or print) Lillian J. Thornson Manth Day Year 808 M
fr. fr.	3. 5	EX 4 RACE 5. DATE OF BIRTH 6. AGE (In years if under 1 YEAR IF UNDER 24 HRS.
executed within 24 hours after deoth ind completely tried in by the funeral amove carbon pages. Pages 1 and 2 any event, within hours after deoth	1	Femple 1 RACE S DATE OF BIRTH 6 AGE (In years If UNDER 194 ARIS. NONTH'S DAYS HOURS MINE NOW 1888 80 YRS.
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		BIRTHPLACE (State or foreign 7b. CTIZEN OF WHAT COUNTRY? 8 MARRIED FAT NEVER MARRIED FAT
4 色號	COU	North Carolina U.S.A. WIDOWED DIVORCED Prince Georges Md.
2 2 2	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 125 Kind of Business or
V S N T H		11: 1 ton , give street oddress) Gardens during most of working life, even if retired) INDUSTRY DOMESTIC
executed with completely remove corbon any event, w	13a	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
omp eve	oon	ission) STATE and. 1/3b. COUNTY / PRI = NAN; many YES NO PET 1, BOX 121 D
remo	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
Z 10=	П	Willis Sevenson Sally Edwards
icate by executed win		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address
phy en p		579-44- 6834 THOMAS THOMASON NANTEMON MD.
he death cert attending pl permit. Ther ion, or remov		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)) PART I. DEATH WAS CAUSED BY:
# # # # # # # # # # # # # # # # # # #	П	IMMEDIATE CAUSE (a)
ne death attendi permit. ion, or n		DUE TO, OR AS A CONSEQUENCE OF
the particular the pa		Conditions, if any, which gave) (b) Cantino 2 The all Constants
ihat n. oy 1 oans rem		rise to immediate couse (o). stating the underlying couse. DUE TO, OR AS A CONSEQUENCE OF
sicio ed i ol-tr		1051
equires that the death certify physician. signed by the attending phyburiol-transit permit. Then burial, cremation, or removal	L	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ng he ho	I₹	
The low reattending attending has been se as the h prior to	I S	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
IENDING PHYSICIAN: The low requires that the death certificationed by the hospitol or attending physician. R: After this certificate has been signed by the attending physician build be detached for use as the buriol-transit permit. Then pleases the State Dept of Health prior to burial, cremation, or removal, and	CERTIFICATION	AF2 NO X
YSICIAN: 1 ospitol or certificate hed for us		21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBLING CAUSE OF DEATH
Partie de la company de la com	MEDICAL	(If either, notify medical exempler) PM 19
G PHYSIC the hospi this certi detached	¥	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
de ta pa	П	at work at work
by ffer be Stat		220. I certify that (I) (this hospital) ottended the deceased from
END Red Ald The	П	saw the deceased glive on
A Paris Share	П	22b SIGNATURE 22c/DATE SIGNED
RE SE		DEGREE PHYS. DIRECTOR
AL D		22d. PHYSICIAN'S 22e ADDRESS)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filled with the State Dept of Health prior to burial, creasingly of the state of the sta		NAME (Type) A CLILL X LEPIXII CHITTON HO
HOS ge 4 FUN recty	230	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 5 g 4	17	3 REMOVAL (Specify) 1/9/69 PLEASANT VALLEY MEM. PARK ANNANDALE, UA.
VR A15 (4)	24.	FUNERAL DIRECTOR 7 uneral Home ADDRESS 250. REGISTRAR 19896 REGISTRAR'S SIGNATURE
30M REV. 1/68		Stand of therington Road and Va. DATE AND DATE



	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1		1146 CERTIFICATE OF DEATH
de de la	1. Di	ECEASED NAME First Middle Last 20 DATE OF DEATH 2b HOUR / Month / 5 Day /96 gor 45 DR.M
afte of the office of the offi	3 SI	5. DATE OF BIRTH 8 36 / 02 6 AGE (In years let under 1 year at Junder 24 Hrs.) Worths Oays Hours Min.
in 24 haurs aft filled in by the popers. Pages hin 72 hours aft	7a cou	BIRTHPLACE (Stole or foreign MT). CUTZEN OF WHAT COUNTRY? WIDOWED DIVORCED PROCESS MARRIED MA
e executed within 24 huand completely filled in formany corbon popers. In ony event, within 72 h	1	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most at war address) O 12a USUAL OCCUPATION (Kind of work done during most at war address) O 12b KIND OF BUSINESS OR INSTITUTION (If not in hospital during most at war address) O
ote be executed with ciae and completely i lease benow corbon ond in ony event, wit	13o. odm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lists in STATE III. 13d. INSIDE (ITY L MITS? NOT) 13d. INSIDE (ITY L MITS? NOT) 13d. STREET AND NUMBER Rt. 3 Box 255
be exe	14.	FATHER'S NAME First Townshend Jr. Lost 1'S MOTHER'S MAIDEN NAME First Richardson Lost
rificote hysician n pleas		. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17 INFORMANT Address (res, no.) On the Oknown] (It yes give wer or darks of service) 217-36-7589 Mrs. Helen Townshend Brandywine, Md.
requires that the death certificate be executed within 24 haurs g physician. signed by the attending physician and completely filled in by the burial-fronsit permit. Then please tomose carbon papers. Pag burial, cremation, or removal, and in any event, within 72 hours		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave) (b) CARCULATORY CONSEQUENCE OF Conditions, if only, which gave)
HYSICIAN: The low requires that the hospital or ottending physician. certificate has been signed by the tred for use as the burial-tronsit pipt, af Heolth prior ta burial, cremative.		rise to immediate cause (a). Stating the underlying cause lost (c) CARINOMA OF LARYNX PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
The low re or offending e hos been use os the offh prior to l	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO CAUSES OF DEATH?
PHYSICIAN: The hospitol or The certificate The certifi	MEDICAL CI	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A M Month Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, SIREEL, FACTORY, OFFICE BUILDING, REC. FACTORY,
IDING PL 1 by the After this 1 be deto 5 State De		220 certify that (I) (this haspital) attended the deceased from \$\int (\text{I}) (nut) opinion deoth occurred on the dote and hour and from the
O HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the		couses stated obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE STAFF 22c DATE SUGNED 22b. DATE SUGNED 25c DATE SUGNED 2
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 3 should be filled		22d. PHYSICIAN'S PLARED R. LAPIN, MP 22e. ADDRESS NAME (Typer ALARED R. LAPIN, MP 22e. ADDRESS LINITON, MD
TO HOSPI Page 4 n TO FUNER director, should b	230	BURIAL (REMATION 23b DATE 1-18-69 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Baden Charles Md.
VR A15 MI 30M REV 1X66	24	Huntt Funeral Home Waldorf, Md.20601 250 REGISTRAR 1985 REGISTRAR



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	3146. MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1463
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Yeor 2b HOJR
af ge to	(Type or Print) Preston R Tucker Sr DEATH MATED 12 12	24 1969 3:00
d 3 to Page	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (n years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	20 НОЦК
PM3 Poge	. M W 13 Dec 1892 76 VRS	Year 19 69 13 M
E NE	70 BIRTHPLACE (Stote or foreign 76 CIT ZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH PRINCE George	
	TELLY TELLED	Md
	give street address)	2b KIND OF BUSINESS OR NDUSTRY
Sive ng ,	13g 15(tal RESIDENCE (Where decorard lived it includes before 13g C/TY OR TOWN 13d INSIDE OIL UM/15? 13g STREET AND NUMBER	U.S. Gov! t.
s after 18. Giller along 2 with death	odm ssion) STATE Md 13b (OUNTY Prince George Mt. Rainieryes & NO 3149 Queens C	hanel Rd.
durs Hice Ind 2	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME Fust Middle	Lost
24 haurs after d in Item 18. Give r's Office along v es 1and 2 with th irs after death	Joseph Tucker C.	Robey:
hin ncil nine pag	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes give war or dates of service) 16b. SOCIAL SECURITY NO Preston R. Tucker, Jr., ADDRESS 1040 Clin	7 Inez Pl.
should be executed wto we word "pending" in peroto the Chief Medical Examburial-transit permit. Fite In any event within 72	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: Club of a recovery of hard	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cute dica with	PART I. DEATH WAS CAUSED BY: "MMEDIATE CAUSE (a) Gun shot wound if head	min.
exe endi Me it pe	J 6 J DUE TO, OR AS A CONSEQUENCE OF	
J "p J' "p Trans	Canditions, if any, which gave notes to immediate couse (a).	
ould word he (ral-t	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
to the bur	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate ficate, writing the be farwarded to d be used as a b or remaval, and		
INER: This certificate writing se certificate, writing should be farwarder files 3 should be used as nation, or remaval, a	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS PRIMARY TOO CONTRIBUTING HOUR AND 214 1969 216. HOUR AND 214 1969 Unknown 216. HOUR AND 214 1969 Unknown	20. AUTOPSY?
his of the, be to rem	WAS PERFORMED?	YES 🔀 NO 🗌
¥ 9	210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Doy, Year PRIMARY 30R CONTRIBUTING HOUR \$30C 3 2/60	n 18.)
NER cer cer hau lles sha sta	CAJSE OF DEATH PM 1 24 1969 Unknown 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCAT ON Street or R.F.D. No. City or Town	Caunty State
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oical Examiner: se execute the cert ectar. Page 4 shauld ned far yaur files IECTOR: Page 3 shau o burial, crematian,	NI 33400 Stand Of 13400 Stand	ond in my opinion
CAL exe exe gr. F d fo d fo surric	22a certify that I took charge of the remains described object, held on Autopsy , Inspection , Inquiry , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Homicide . Undetermined manner .	
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ple al did	ACTUAL SIGNATURE 22b. DATE SI 22b. DATE SI	
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necessary, please execute the the funeral director. Page 4 si 5 may be retained far your fi 70 FUNERAL DIRECTOR: Page 3 Health pr.ar to burial, crema	NAME (Type) John Kehoe, M.D., Riverdale ADDRESS(Street, city, town, or county)	
5 e = 2 5 E	Wash. Nat. Cem. / 1-27-69 Washington National Suitland, PG	(County) (State) Md
OK	24 FUNERAL DIRECTOR Robert E. Wilhelm Funerer S Home 250, RECD BY REGISTRAR 256 REGISTRAR 5 S	
10M REV WEST	4308 Suitland Rd Suitland Maryland DATE ATT 3 0 1969	10 June



. 1	٠ ا	Item 6 Film blvision of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE	1,	13/69 kkg 14 (1) MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01464
HEALTH DEPT.	_		-
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executed within 24 hours inding in pencil in Item 1 medical Examiner's Office the pages 1 and 2 in within 72 hours after c		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no. orofiknown) (If yos give war or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 229 07 2075 MR. EDWARD A. TYLER LSWALLAS	
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he shirt fill mot	₩.	21d INJURY OCCURRED 121e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (Lity or Town)	County State
XAM ste fh ge 4 your Your Crem		white Mot white Dack yard of home 4714 Kiernan Road, College Park,	1.G., Md.
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bicate exect director Population		death resulted from Natural causes [], Accident [], Suicide [X], Homicide [], Undetermined manner [3
lease directory of the bold of		CHIEF MEDICAL EXAMINER	
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ro DEPUTY Direct of the funeral direct S may be retained of FUNERAL DIRECT Health prior to		NAME (Type) John / Kehoe M.D., Riverdale, Maryland ADDRESS(Street, cty, town, or county)	
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VR A15ME (5)	1	1 (1) Churches for Revendals Md. DATE JAN 6 1969 Glican	
10M REV 1/68	W	110. June 10 (1) 1000 old con 1 con . Dall	63



	Ttems 188222 Film 411 MARYLAND STATE DEPARTMENT OF HEALTH 4-10-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	465
HEALTH DEPT.	DECEASED NAME First Middle Last 2a DATE KNOWN Month Do (Type ar Print)	·
P P S is	John Sutton Underwood DEATH MATED 3	19 M
	lost brithday) MONTHS DAYS HOURS MIN Morath Day	2d HOUR
ny de 2, and PM3.	Male White 4-23-1915 53 YRS 1 1 1 12	69" 19 2: 00pm M
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75 af 18. 18. 2 wi	odmission) STATE 186 COUNTY Prince George's Piscataway YES NO Rt. 1, Box 433	
24 haurs in Item 18 r's Office of ss land 2 v	14 FATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle Melvin Underwood Clara Baden	Last
hou bog	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS W(Yes,]o,]er unknown) (If yes give war or dates of service) 77-26-8895 Hilda Underwood Clinton, M	ld. 20735
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S * ₹ ± % ₱	The state of the s	County State
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Se e e e cran de de cran de cr	death resulted fram; Natural Jouses [4], Accident [7], Suicide [7], Homicide [7], Undetermined manner [8]	9
please explored estained birector in ta bur	ACTUAL CHIEF MEDICAL EXAMINER C	
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DEPUTY rcessary, e funero may be funera	1 LONDONED / /	3-69
O DEPUTY necessary, the funeral 5 may be 0 FUNERAL Health pri	NAME (Type) John Kehoe MD Riverdale, Md ADDRESS(Street city, town, or county)	
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VR A15ME [5]	Huntt Funeral Home Waldorf, Md. 250 RECD BY REG STRAR 256 REGISTRAR'S SIGNATURE 250 RECD BY REG STRAR 250 REGISTRAR'S SIGNATURE 250 RECD BY REG STRAR 250 RECD BY	o Judge







Lisa	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	468
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	202
HEALTH DEPT.		Year 2b HOUR
of de of	DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy OF ESTI-	19 M
ny defoy s 2, and 3 to PM3 Poge partment of	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years FUNDER 14 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
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apa spa	70 B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	7
	COUNTRY) VTRGINTA United States WIDOWED TO DIVORCED Prince George's	Md
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offer dgath 8. G ver, Pag olong vertil with the Sta	Cheverly Prince George Hospital during most of working life, even if retired) INDI	ISTRY URSTNG
18. Give olong with the death.	13g USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY JM IS? 13e STREET AND NUMBER	THO TIME
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hours Item Office I ond 2	14 FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle	FOST
hin 24 hours after death any delay so nich in Item 18. Give Pages 1, 2, and 3 to niner soffice along withformy PM3 Page pages 1 and 2 with the State-Department of hours after death.	WILLIAM EDMUND STROTHER IRENE TOMKINS STROTHER	103.
hin 24 ncd in niner s pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT (SON) ADDRESS GREEN	מא יי זיום
	(Yes, na, ar unknown) (If yes give war ar dates of service) MR. GARRETT VAN METER 412 RIDGE	
ecuted will ing in pe dicol Exor ermit File within 72	<u></u>	APPROXIMATE INTERVAL
ool sol	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Gun shot wound of brain	BETWEEN ONSET AND GEATH
be execut "pending nief Medica nisit permi		
be exe "penda nief Me ansit pe	Cand tions, if any, which gave }	
d b d :: Chic	rise to immediate cause (a). (b)	
ould word he Ch ial-tra ony	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sh to the bert in I	(i)	
INER: This certificate should be executed within 24 hours e certificate, writing the word "pending in pencil in Item I should be forwarded to the Chief Medical Exominers Office files. 3 should be used as a burial-transit permit File pages I and 2 notion, or removal, and in any event within 72 hours after a continuation.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rtifi and vol.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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This cate be to be to be	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1em 1)	YES X NO 🗆
n, o	PRIMARY OR CONTRIBUTING HOUR A.M	0)
NEI NEI S Ce Shot S Shot Utio	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH PM 19 21d NURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. (ity or Town Co.)	ounty State
(AMINER: te the cert je 4 should your files age 3 shoul cremation,	factory after building etc.)	21016
ICAL E exect tor Pa for Pa CTOR: burnol,	220. I certify that I took charge of the remains described abave, held an Autopsy 🔀, Inspection 🕱, Inquiry 🗍,	and in my opinion
Se e since de la company de la	death resulted fram: Natural causes , Acydent , Suicide , Hamicide , Undetermined manner	
pleose direction of to birection or to b	ACTUAL CHIEF MEDICAL EXAMINER	
TIY please eral director be retained RAI DIRECT prior to burior to	SIGNATURE M.D ASSISTANT MEDICAL EXAMINER 226 DATE SIGN	
EPUTY Ssary, funeral sy be ray NERAL th prid	EXAMINER'S DEPUTY MEDICAL EXAMINER 3 1-13	-69
TO DEPUTY Disconnected the funeral directions of the funeral direction	NAME (Type) John Kehoe MD Liverdale, Md. ADDRESS(Street, city, town, or county)	
5 c ± 2 5 ±	REMOVA, (Specify)	enty) (State)
0	REMOVA. (Specify) CREMATION 1/16/1969 CEDAR HIL CREMATORY PRINCE GEORGES CO 24 FUNERAL DIRECTOR 25 RECD BY REGISTRAR 255 RE	UNTY MD.
VR ALSME IS	A CONTRACT OF THE PROPERTY OF	
10M REV 1/68	MARTIN W. HYSONG COMPANY 300 N. STREET, N. W. DATE JAN 17 1969 Clearly WASHINGTON, D.C. 20005	0
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MARYLAND STATE DEPARTMENT OF HEALTH

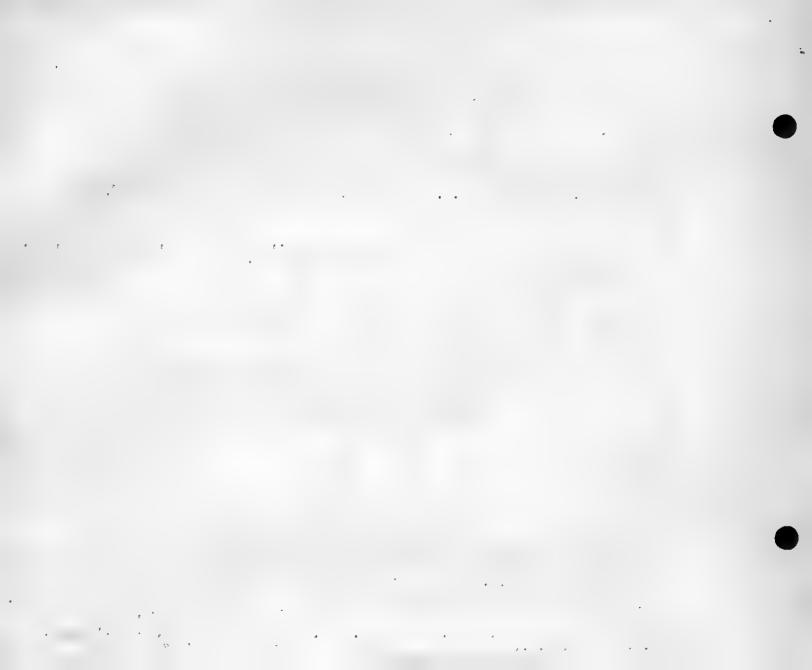
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175

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First Middle 20 DATE KNOWN TO Month 2b. HOUR (Type or Print) Dudley Walker DEATH MATED 194: DOam M 6 AGE (in years 4 RACE IF LNDER I YEAR 3 SEX IF JNOER 24 HRS S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d. HOLIR Month Male White 7-10-1903 19 4:00amm YRS 7o B RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Florida USA W.DOWED | DIVORCED [7] Prince George's 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) Riverdale Leland Hospital Gov1t 130. USUAL RES DENCE (Where deceased ived, if institution Residence before 13c City OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER List COUNTY George 's YES NO Lanham 5451 85th. Avenue hours ofter 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Alfred Walker Lillian Anna Singleton hours .= cate, writing the word "pending" in penal it be farworded to the Chief Medical Examiner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT within ADDRESS (Yes, no, or unknown) (If yes pive war or dates of service) Jonnie Mae Walker Lanham. Md. APPROX MATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) Heart failure DJE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Conditions, if any, which gove rise to immediate couse (a). the word ony (This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) Fracture of left femur on 1-28-69 and Pulmonary emphysema 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? Fracture of left femur YES NO 🔀 þe 1-30-69 9 210 EXTERNAL CAUSE WAS 21b. TIME OF NURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in any in Port 1 or Port 2, Item 18) 3 should ploods PRIMARY OR CONTRIBUTING cremation. 6:000m 1-28- 19 68 Fell at Teland Hospital CAUSE OF DEATH 21e PLACE OF NucRY (At home, form, street, 21f ¿OCATION Street or R.f. D. No. 21d NJURY OCCURRED City or Town County foctory, office building, etc.) AT WORK AT WORK I Leland Hemorial Hospital, Riverdale, Prince George County, Maryland 220 I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion deoth resulted from-Notural couses (1) Accident (5x) Suicide (1) Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE. 1-31-69 DEPUTY MED CAL EXAMINER 3 **EXAMINER'S** 5 may 10 FUNE Heolth NAME (Type) ADDRESS(Street, city, town, or county) Kehoe MD Riverdale, Md. John the 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION. 23b DATE 23d .OCATION (City or Town) (County) (Stote) REMOVAL (Spetify)
Burial Feb 3, 1969 Geo Washington Cemetery | Hyattsville Pro Geo Md. 252 RECD BY REGISTRAR
DATE B 5 190 24 FUNERAL DIRECTOR ADDRESS 25b REG STRAR S SIGNATURE F. Gasch's Sons Hyattsville, Md. 1969 VR A15ME 51

MAKTLANU STATE DEPAKTMENT OF HEALTH

, ₁ 1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1470
- HEALTH DEPT.	1 [DECEASED NAME First Middle Lost 20 DATE KNOWN (7) Month	Day Yeor 25 HOUR
to f	L.	Jennie Harie Warfield Death Mated ☐ 1	1 1969 a m
2, and 3 to PM3 Page		SEX 4 RACE S DATE OF BIRTH 6 AGE (In years if LINDER 1 YEAR IF LINDER 24 HRS 2C DATE PRONOUNCED DEAD Months Days Hours MM Month Doy	Year (0 10:15
P. P	70	Female white 12-21-82 86 YRS 1 1 1 1 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	redr 1969 10 a M
-	(06)	Conn. United States W DOWED Prince George's	Md
Pages 1, vith farm	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita 120 USUAL OCCUPATION (Kind of work done 1	26 KIND OF BUSINESS OR
fter der G ve P ang wi iff the		Cheverly Prince George's Hospital At Home	NDUSTRY
0 ~ 0 ~ / (13a	USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN admiss on) STATE Md. 13b COUNTY P.G. [Lyattsville] YES X NO 13802 Fishelmon	Street
hours Item 18 Office I and 2		FATHER S NAME First Middle Lost IS MOTHER S MAIDEN NAME First Middle	lost
24 ho		Lally Unknown	1931
within 24 daminer, in the page of 72 haurs of		WAS DECEASED EVER IN LS ARMED FORCES? 1666 SOCIAL SECURITY NO 17 INFORMANT St., Colmar Manoadpress yatts (Yes, no Nonknown) (If yes give wor or dates of service) Class and a color of the	
executed within 24 anding" in pencl in Medical Examiner's formit in permit. He pages in within 72 haurs	<u>'</u>	(Hyes give wor or dates of service) 047-20-1969D Miss Evelyn R. Warfield, Daughte	
be executed wit "pending" in period lief Medical Exan Insit permit. Ne event within 72		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed in Medical E		IMMED ATE CAUSE (a) Heart Fallure	
be e 'pen nief A onsit		(anditions, if any, which gave)	
should I e word a the Ch urial-tra in any		nse to mimed at a cause (a). stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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ng the ded to as a so	~	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
this certifiate, writh	CERTIFICAT ON	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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	MEDICAL	21d NURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, EOCATION Street or R.F.D. No. (ity or Town)	Caunty State
DEPUTY COICAL EXAMINER: ressary, please execute the certific function. Page 4 shauld may be retained far your files. FUNERAL DIRECTOR: Page 3 should ealth priar to burial, cremation.		WHILE NOT WHILE of factory, office building, etc.)	
Jedes execute director. Page etained far you DIRECTOR: Page etained far you DIRECTOR: Page or to buriol, cre		22a. I certify that I taak charge of the remains described above, held an Autapsy, inspection, inquiry,	and in my apinian
bicat se exercitor. Professional fundational fundation		death resulted fram. Natural causes X, Accident V Suicide N, Hamicide N, Undetermined manner	
Try DIC. y, please e and director of a retained to a reta		ACTUAL ACTUAL	CNED
ury, dry, nerol be be pri		MINNETERS IN A STATE OF THE STA	EXX 1-2-69
TO DEPUTY necessary, the funeral 5 may be no FUNERAL Health prid		NAME (Type) John Konoe M.D., Riverdale, Maryland ADDRESS(Street, city, town, or county)	
or To He	236		County) Co.(State) Md.
0 0	24		GNATURE
10M REV 1/68		N.W., Wash., D.C., 20016 PARAN 8 1969	



		2147		CERTIFICATE OF DE	r, baltimore, maryland 212 ATH	1.72
		CEASED NAME First ype or print) Ruth	M ddle	Webster	20 DATE OF DEATH X	Day Year 2: COM
	3. SE	Female	4. RACE Caucasi a n	S. DATE OF BIRTH		rs F JMOER I YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS M.N. YRS.
	COLF	"") California	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH	
		TY OR TOWN OF DEATH Riverdale	give street address) Eumane Le	land Men. Le		red) INDUSTRY
1	odmi	ssian) STATE Md.	ed lived, finstitution. Residence before	as Hyallsvill	NS OF CITY LIMITS? 136. STREET AND NUMBER 130. STREET AND NUMBER 130	rd Avenue
100		ATHER'S NAME First Henry	Middle Lost		Blanche	Woodmance
	16a. Y	WAS DECEASED EVER IN L.S. ARN es, na, or unknown) 1 f yes give w	IED FORCES? or or dates of service) 16b SOCIAL SECURITY 213-20-	NO 17 INFORMANT MRS JEAN	W.G. BRONS Add	ress SAME AS \$23
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED 14MMED)A		1. Hurt J	ailure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 CLUYES
		Conditions, if any which gave nee to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O (b) LY 2 LY CO DUE TO, OR AS A CONSEQUENCE O	leroice Carde	ornacidar Dis	iare 38 years
		PART 2 OTHER SIGNIFICANT CON	(i) Adales DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 1(0)	- Policara
-	CERTIFICATION	19a DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 200 AUTOPSY2	20b IF YES, WERE FING CAUSES OF DEATH?	DINGS CONSIDERED IN CERTIFYING
	MEDICAL CER	21a ACCIDENT WAS UNDERLYIN OR CONTR BUTING CAUSE OF OEAT (If either, notify medical examination)	HOUR A.M. Month Doy Yea ner) P.M.	r 19	ED (Enter noture of injusy in Part 1 or I	Port 2, Item 18)
	ME	at wark at wark	PLACE OF INJURY (AT HOME FARM, STREET, F OFFICE BUILDING ETC.			County State
		22a I certify that (I) (the saw the deceased a causes stated abave	is hospital) attended the decea live on (d) (we) (did) (dia not) view the	sed fram <u>JUL 7</u> 19 <u>69</u> , and that in (my) (bady after death.	, 19 <u>62</u> , ta <u>18 JAN</u> aur) apinian death accurred an	_, 19 <u>69</u> , that (I) (we) last the date and haur and fram the
		22b SIGNATURE	- ormani	DEGREE PHYS	MED DIRECTOR D STAFF	22c DATE SIGNED 1969
1		22d PHYSIC AN S NAME (Type)	J. HOUMAN.	M.D. 22e. ADDRESS	K VERDALE	W D,
	1		N 21, 1969 WASHI	FCEMETERY OR CREMATORY NGTON NATIONA	23d. LOCATION (City or Town	MARYLAND.
as	24	FUNERAL DIRECTOR	ERS CO RIVERI	SALE Mb 250	LEC D'BA SECREINABED 52P AFEAL	STRAR'S SIGNATURE

MAKTLAND STATE DEPARTMENT OF HEALTH



de Va			21470	DIVISION OF	VITAL RECORDS,	301 W. PRESTOI	N STREET, BALTIM	ORE, MARYLAND 2	1201		
,	•	It	マポス, FilmG'	08 1/20/49	km	CERTIFICATE	OF DEATH		3	472	
£	-72 £		CEASED NAME	First	Middle	Las		20 DATE OF DEATH			2b. HOUR
hours after, death	pad	į,	ype or print)	Delphia	E,	(1)	o.h.h	Month	Dαγ ∦ kr	Year 9	5,20 M
E	The same of	3. SE	X	4 RACE		S. DATE	OF BIRTH 2/26/	IRR2 6 AGE (In)			IF UNDER 24 MRS.
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OUL	是	70 E	IRTHPLACE (State or foreig	n 76 CITIZEN OF W	HAT COUNTRY?	8 MARRIED NEVE	R MARRIED 9	COUNTY OF DEATH			
24 h	Z2	COU	IN BU Alton n	1 1	, A.	WIDOWED X	DIVORCED 🔲		SEOR	GE	Md
	papel thin 72	10. (ITY OR TOWN OF DEATH	.11 N	AME OF HOSPITAL OR IN	STITUTION (if not in has	pital 120 USUAL C	OCCUPATION (Kind of wo of working life, even if:	rk dane 1	2b KIND OF B	USINESS OR
-ti	with with	þ	UNTON MOTHE	give	street dooress) FAMO	र अल्ल समा	during most	of working life, even it: COLUITE	etired }	NDUSTRY Dome	37/c
p	omplete ve carl event,	13a	USUAL RESIDENCE (Where stan) STATE			13c, CITY OR TOWN	13a INSIDE ETTY LIMITS	? 13e. STREET AND NU			
executed within		QOSITI	Sign) SIAIC ///)	136 COUNTY	HARLES	BELALTO	V YES X NO				
	in a	14	ATHER'S NAME First	Middle	Lost	15 MOTHE	R'S MAIDEN NAME First		Middle		Last
e 4	oun our out our out our out our out		70ww	LEY	GOLDSMIT	FH FI	2 Aleinh L	Uskh			
5	ه هاک		WAS DECEASED EVER IN U	5 ARMED FORCES? as give wer or details of service)	166 SOCIAL SECURITY		1/	. D - 1A	ddress		101-
生	phy ovol		NO		1360-38-5	508 KACHI	ACL KERS	EY, KT2, LI	TLAT	A	MID_
9	attending phys permit. Then ion, ar removol		18 CAUSE OF DEATH (En	ter only one cause per li	ne far (o), (b), and (c)	1		2 2 -	0 0	BETWEEN DN	ATE INTERVA. SET AND DEATH
eo	ar r		į lA	MEDIATE CAUSE (a)	Car	deac W	rest - C	exceletory (elly	, 10	Munto
p e	by the attronsit per		11019		AS A CONSEQUENCE OF		-			3-6	mo
± ±	the sit partition material		Conditions, if any, which rise to immediate causi	(b)	Clare	inoma	loses				17140
Ë ‡	signed by the burial-tronsit burial, cremat		storing the underlying o		AS A CONSEQUENCE OF		01180	4.5		14	5//
ıires ıysic	signed burial-t burial, (east Contract) (c)		enoma	- Julian	Carry -		1	
requires that the death certificate			PART 2 OTHER SIGNIFICAL	NE CONDITIONS CONTRIBE	I TUB HILAID OF DAVI.	OF RELATED TO THE TE	KMINAL DISEASE OKTON	DIFON GIVEN IN PAKE 1(6	4		
y Sing	been s the ior to	0.7	190. DATE OF OPERATION	195. CONDITION FOR WI	SICH ODEDATION WAS DE	DEUDMED 500	AUTOPSY?	20b. IF YES, WERE F	INDINGS CONSI	DEPEN IN CE	STIFFING
The low ratending	No T	FICA	TID. DATE OF OPERATION	175. CONDITION FOR WI	IICH OFERANON WAS FE		ES NO DE	CAUSES OF DEATH?	MDWO3 CONSI	DEKED IN CLI	111111111111111111111111111111111111111
5	icate ho far use Health	CERTIFICAT.OR	21a. ACCIDENT WAS UND	FRLYING 216 TIME O	F INJURY			oture of injury in Part 1 a	r Port 2 Items	181	
I Tal	Name and Address of the Owner o	MEDICAL	DR CONTRIBUTING CAUSE	DE DEATH HOUR A M	Month Day Year		(2000)		,	,	
PHYSICIAN e hospital o	this certificate detached far u e Dept. of Heol	MED	(If either, notify medical and INJURY OCCURRED		AT HOME, FARM, STREET, FA	GORY.) 21f LOCATION	Street at RFD No.	City or Town	Cr	ounty	Stote
	this eta De		While Not while of work		L OFFICE BUILDING, ETC.	/		,			
NG >	ter tote		22a. I certify that (l) (this hospital) att	ended the deceas	ed from	, 19	_, to////	, 19_6	T, that	(I) (-₩€) last
e de de	Id b		saw the deceas	sed alive an		196 G, and that	ın (my) (our) opınic	in death octurred oi	n the dote∢	ind hour a	nd from the
ATTENT	5 5 4		22b. SIGNATURE	bove, (I) (we) (did)	(ala,not) view the	body offer dearn.			22c. DATE	SIGNED	
OR /	S S S S S S S S S S S S S S S S S S S		ZZG. STORM TORCE	llead K	TAN	DEGREE PH	TENDING MED	CTOR STAFF	1 1/6	3012/	1960
o de v	RAL DIS		22d PHYSICIAN'S	1	- Jagar	L/C	e. ADD RESS	4		10.17	107
PIT.	ERA J. P		NAME (Type)	ALFRE	DRU	AP/N, M	(1)	ハナロル	MO		/
O HOSPITAL Poge 4 may	O FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a	BURIAL CREMATION,	23b. DATE	23c NAME OF	CEMETERY OR CREMAT	ORY 2	3d LOCATION (City of To	wn) (0	aunty)	(Stote)
500	5. <u>9</u> .4°		REMIDIVAL (Specify)	1-14-6	9 5+ 1	GNATIUS	5(HAPEL POI	NT. CH	ARLES	MD.
	VR A15 (4)	24	FUNERAL DIRECTOR	10000 1/	ADDRESS		2So, REC'D BY R	EGISTRAR 2Sb. RE	GISTRAR S. S. GI	VATURE	9_
	VR A15 (4) 30M REV. 1768		-KIBYT 1011	KKIL FIG.	1 V HL 17.	1. t. Dil).	DAAN 1	5 1969		00	
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MARYLAND STATE DEPARTMENT OF HEALTH



10		9147)	DIVISION OF VITAL RECO		PRESTON STREET CATE OF DE		E, MARYLAND 212	01 *`1473	
- 24 - 4	1 0	ECEASED-NAME First (ype or print) F1 mea	Middle		Lost	2a. I	DATE OF DEATH		26. HOUR
to the function of the form of		(ype or print) Elmen	r Mc	Forest V	hee lbarge		Month	Day Yeor	7:53 PM
signed by the attending physician and complete. It led n by the fun build-transit permit. Then please remave carban papers. Pages 1 burial, cremation, ar remaval, and in any event, within 72 hours after	3 5	Mile	4. RACE Cauc.		5. DATE OF BIRTH		6 AGE (In year lost birthday)	F UNDER I YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
(Nama/	7a. (au	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY? U.S. A.	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED		NTY OF DEATH	ice George	e Má
	‡0	Cheverly	11 NAME OF HOSPITAL give street oddress) Prince Ge	·			IPATION (Kind of work vorking life, even if reti	dane 12b. LABOF	BUSINESS OR
i de	130 adm		sed lived, if institution Residence by 13b. COUNTY Prince George	efore 13c CITY C	R TOWN 13d	INSIDE CITY LIMITS?	13e STREET AND NUMB		
1 1	14,	ATHERS NAME First Jacob		as†	15. MOTHER'S MAIDE	N NAME First	Mid		Last
5	160	WAS DECEASED EVER IN U.S. ARP	ress						
		es, TPOr unknown) (11 yes give v	war or dates of service) 705 12	3563 L	oyetta C.	Wheelba	arger Same		vife)
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDI.	only one cause per line for (a), (b), and BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUEN	nome	- 1	* 0			NSET AND DEATH
		Canditions, if ony, which gave nose to immediate cause (a),		ten ke	and for	ela			
		stating the underlying couse DUE 10, OR AS A CONSCIUENCE OF the Collaboration Due 10.							
	 		NOTIONS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DIS	SEASE OR CONDITIO			
2	CERTIFICATION	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION V	VAS PERFORMED	20a AUTOPSY?	NO 🔂	20b. 1F YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERED IN C	RTIFYING
	MEDICAL CES	21a. ACCODENT WAS UNDERLYING OR COMPRIBUTING CAUSE OF DEA' (If either, notify medical exami	NG 216 TIME OF INJURY HOUR A.M. Month Day Iner) P.M.		HOW INJURY OCCURR	RED (Enter nature	of injury in Part 1 or P	'art 2, Item 18.)	
	ME	21d. INJURY OCCURRED 21e.	. PLACE OF INJURY (AT HOME, FARM, ST OFFICE BUILDING, E				City or Town	County	State
		22a. I certify that (1) (the saw the deceased a couses stated above	nis hospitol) attended the de of ve.on	ceased from 1967, 8 the body after	nd thotal (my) (deoth	, 19 <u>6 &,</u> (aur) apinion d	to Jany 26 leot Voccurred on t	, 19 <u>67</u> , that he date ond havr	(1) (we) last and from the
		22b. SIGNATURE	2/ 978		ATTENDING PHYS	MED DIRECTOR		22c. DATE SIGNED 1-26-69	
Shadid be liked with the state Dept. of nearth prior to			t D. Deitz, M.			e George	's Plaza		
	h		1/29/69 Ft	we of cemetery o Lincol:	n	Co	OCATION (City of Town	Md.	(State)
13X	24.	funeral director Francis Gasch!	s Sons Hyattsv	DRESS ille, Md		o. REC'D IN REGIO	3 RAY 1969 REGIS	HAR STOWN LOS	Mark.

MAKTLAND STATE DEPARTMENT OF HEALTH





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# FOR STATE .	T.	tent/2c.22b.rilmGl.31MEDICAL-EXAMINER'S CERTIFICATE OF DEATH	1475						
HEALTH DEPT.	1 0	DECEASED NAME First Middle tost 20 DATE KNOWN Month							
2 D 8 2	(Type or Print) Leon F. Whitherspoon OF ESTI 124	19 69 2:50						
5000	3 S	SEX 4 RACE S DATE OF BIRTH 6 AGE (In years F - NOBER 1 YEAR I IF UNDER 24 MRS 20 DATE PRONOUNCED DEAD	69 20 HOUR						
9 8 2 7		M Negro May 19 1927 (lost brithday) MONTHS DAYS HOURS MAR Month 1 Day 24	Yeor 19/68 9:30 M						
ENG.		BIRTHPLACE (State or foreign 7/2 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH							
	€GUI	Pennsylvania U.S.A. WIDOWED DIVORCED X Prince	George Ma						
Sto and a story	10 (26 KIND OF BUSINESS OR NOUSTRY						
hin 24 haurs after de nal in Item 18. Give P niner's Office alang wi pages i and 2 with the hours after death.		Cheverly Prince George Hosp Not stated	None						
haurs after Hem 18, Giv Office alang i and 2 with 1	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d MSIDE CTY LIMITS? 13e STREET AND NUMBER 13b COUNTY Washington YES X NO 216 17th St.	0 17						
d2 d2	-	D. off. Washington Washington 210 17th St.							
Bar Bar San	,4 1	NAME OF THE PROPERTY OF THE PR	Last						
hin 24 nal in niner's pages hours	160.	John Witherspoon Estelle Pipkins WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17, INFORMANT ADDRESS							
within 24 haurs after dear pencil in Item 18. Give Pa caminer's Office along with le pages i and 2 with the SI 72 hours after death.	()	Yes, no. or unknown) (If yes give war or dates of service) Estelle Witherspoon-316 17th Str	reet. SE						
shauld be executed wit e ward pemalmg" in pe the Chief Medical Exan unal-transit permit File in any event within 72	-		APPROXIMATE INTERVA.						
xecuted maing: II Medical permit nt withir		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART DEATH WAS (AUSED BY IMMEDIATE CAUSE (a) Undetermined (Final autopsy report)	BETWEEN ONSET AND DEATH						
Med mt v		DUE TO, OR AS A CONSEQUENCE OF	-						
be per pref prisit		Conditions, if any, which gave							
ord al-tra		ase to immediate cause (a), (a) DUE TO, OR AS A CONSEQUENCE OF							
shauld be e ne ward per o the Chief / burial-transit									
± ± ± 5 22		PART 2 OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
tifica ardec a as d as val, a	₹	19a DATE OF OPERATION .9b COND TON FOR WHICH OPERATION	20 AUTOPSY?						
certification of the certifica	F CATION	WAS PERFORMED?	AEZ K						
This cate, be for	CERT	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item							
NER: T certification bould be tes. tes. should	3	PRIMARY_ OR CONTR BUTING HOUR A M. LP	,						
Sho sho	MEDICA.	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street 21f 1QCATION Street or R.F.D. No. City or Town	County State						
bical Examiner: se execute the certicator. Page 4 should med for your files. ECTOR: Page 3 shoul		WHILE AT WORK AT WORK factory, office building, etc.)							
L EXA recute Page 'ar yal R: Pag		22a. I certify that I took charge of the remains described above, held an Autopsy 💢 Inspection 🚉 Inquiry 🔀	and in my ap'ntan						
For tar.		death resulted from: Naty a causes , Accept , Suicide , Homicide , Undetermined manner (
please ex d rector. d rector. DIRECTO		CHIEF MEDICAL EXAMINER							
AL Prior		ACTUAL SIGNATURE M.D. ASS STANT MED CAL EXAMINER 22b. DATE SI 1-26	IGNED 65						
SSG Wine Wine (1)		1 EXAMINER'S	-OB 0)						
necessory, please execut the funeral director. Pag 5 may be retoined far y 10 FUNERAL DIRECTOR: PHealth prior to burial, (07	NAME (Type) John Kehoe, M.D., Riverdale ADDRESS(Street city, town, or county) BURNAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d .OCATION (City or Town) ((5)						
2 - + 2 2 - 1	230	REMOVAL (Spedy)	(Caunty) (State)						
	24	FUNERAL DIRECTOR - ADDRESS 250 REC D BY REGISTRAR 250 RECOMPRESS							
VR A15ME (5)		John T. Rhines Co. Funeral Home 3015 12th Street N. E. Washington, D. C. DATE FEB 3 1969	0						
IOW KEA INOU		JOIN TALII STREET, N. E. MASHINGTON, D. L. T.							





	Item23 FilmGLO9 MARYLAND STATE DEPARTMENT OF HEALTH 2/5/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	2/5/69 kk 11480 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First Middle Last 20 DATE KNOWN Month Day Year 12b HOUR
2 6 0 S	(Type or Print) Emma Holmes Williams DEATH MATED 28 1698:00
Poge	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF JNDER 1 YEAR 1F LHDER 24 HBS 2c. DATE PRONOJINCED DEAD 2d HQUR
any deloy 2, and 3 pog pment of pograment	r Negro 1 June 1897 71 yrs 1 28 1969 p m
E G	7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH COUNTRY) 17. MARRIED 9. COUNTY OF DEATH
£ 3/2 8	Virginia U. A. WOOMED Prince George Md
deorth with ro	INDUCTOR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cheverly Prince George Hosp. Comestic Cheverly Cheverly
s offer 18 G. olon with death.	admission) STATE Virginia to COUNT Prince William Stafford YES IX NO Rt 1, Box 231
hours Item Office I ond 2 ofter	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost
24 h Is O is O is soft	Arthur Holmes Lillie (Last Name Unknown)
within 24 hours offer d pencil in Item 18 Give cominer's Office olong with le pages Iond 2 with the 72 hours offer death.	16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknown) (If yes give war or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESSR t. 1, Box 231
w the per xom xom xom year 116 F	No 1579-40-2715A Mrs. Helen Harris, Stafford, Va.
ould be executed with vord "pending" in persection to the Chief Medical Exonal transit permit File any event within 72	APPROXIMATE HITERVAL BETWEEN OWER AND DEATH PART I. DEATH WAS CAUSED BY. LICANT COST 12000
ding ding ledid	IMMEDIATE CAUSE (g) TEST O TEST OF TEST OF
ef Net Nesit per	Conditions, fany which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, fany which gave) Arteriosclerotic heart disease Unknown
Id 5 Id 5 Chi Chi Tror	Itse to immediate cause (a). Storting the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF
shauld be executed with a word "pending" in period the Chief Medical Exonoural-transit permit File In any event within 72	lost fe)
INER: This certificate should be executed within 24 hours after death a certificate, writing the word "pending" in pencil in Item 18 Give Bage should be forwarded to the Chief Medical Examiner's Office along with files. 3 should be used as a burial-transit permit File pages land 2 with the Standarion, ar removal, and in any event within 72 hours offer death.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
rficate thing the orded to so ol, and ol.	Diabetes mellitus -over 10 yrs. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY?
verif verif orwo mov	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED?
MINER: This certificate, writing the certificate, writing 4 should be forward in files. In Files. In 3 should be used as a 3 should be used as 3 should be used.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNA. CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M PRIMARY OR CONTRIBUTING P.M. 19 21d INIURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) P.M. 19 21d INIURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21d INIURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)
<u>+</u> _ <u>-</u>	B PRIMARY OR CONTRIBUTING HOUR A.M PM 19
INER. e cer' shoul files. 3 shou	
	WHILE NOT WHILE AT WORK AT WORK foctory, office building, etc.)
DICAL EXAMINER: se execute the certinector. Page 4 should ined for your files. ECTOR: Page 3 should be a should be a should be a should be a should be buriol, cremation,	220 certify that I took charge of the remains described above, held an Autopsy , Inspection of Inquiry on and in my opinion
e executor. Por ed for CTOR: 6	deoth resulted from. Notural causes &, Agrident ., Suicide ., Hamicide ., Undetermined monner .
leos direction DIRECTION	CHIEF MEDICAL EXAMINER
y, ple eral du be reto AL Di prior	ACTUAL SIGNATURE
	EXAMINER'S NAME (Type) John Kehpe, M.D., Riverdale, Md DEPUTY MED (AL EXAMINER 1 1-29-69 ADDRESS (Street, city, tawn, or county)
necessa the fun 5 moy 10 FUNE Health	
F F	23d BURIAC, CREMATORY REMOVAL (Specify) Feb. 3, 69 Culpepper Nat. Cem., 23d LOCATION (City or Town) (County) (Stote) Culpepper, Va.
G o	24 FUNERA DIRECTORY DISCOURT DE ADDRESS C. (Decard Discours Predistrar Signature
VR A15ME (5) 10M REV 1768	nelson E. Spaces Managere, Va DATEJAN 31 1969 garantes Jungo
	,



1	i	2148,	MAKYLANI DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 301 W. PRESTON STREET RAIT			
		1401	•	ERTIFICATE OF DEATH		01478	
deoth,		CEASED-NAME First ype or print) Jamie	Middle	2a. DATE OF DEATH Month Doy	Year 4:00M		
haurs offer deoth in by tre forcion rs. Pa est Jud. haurs offer Gerth	3 SE	Y Female	4. RACE Caucasian	Williams S DATE OF BIRTH 6-17-08	6 AGE (In years dast birthday) YRS.	IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
executed within 24 haurs d completely filled in by emove corbon popers. Pe any event, within 72 haur	7a. E		76. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince George	s County, Md.	
ly filled on pope within 73	10. 0	126 KIND OF BUSINESS OR INDUSTRY					
omplete ve corb event,	13o.	Riverdale USUAL RESIDENCE (Where decease SSIGN) STATE Ary Tand	give street address) E. Leland M d lived if institution. Residence before 138 COUNTY RALLICE (FEOTICES		LMITS? 136. STREET AND NUMBER NO 373N 2nd S	treet	
e remo in any		ATHER'S NAME First	Middle tost NM,77 Peery	15 MOTHER'S MAIDEN NAME Mirkout	First Middle	Lost	
hysicior pleos al, ond		WAS DECEASED EVER IN U.S. ARMI es, no, or unknown) (1 ves give wo	ED FORCES? r or doles of service)		RT 1 BOY 471 Bluefie	ld . Ni Va	
signed by the attending physicion and completely rifed in by the buriof-transit permit. Then please remove corbon papers. Palburiof, cremation, or removal, and in any event, within 72 haurs.		Conditions, if any, which gave rise to immediate cause (a), stating the under ying cause last.	The CALSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	both lumings	real to	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
FUNEXAL DIRECTOR: Afrecinis cernicole has been significator, page 3 should be detached for use as the bushound be filled with the State Dept. of Health prior to bushound be filled with the State Dept. of Health prior to bushound bushou	CERTIFICATION		OITIONS CONTRIBUTING TO DEATH BUT NO		20b. IF YES, WERE FINDINGS OF	ONSIDERED IN CERTIFYING	
for us	MEDICAL CERT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Month Day Year er) P.M. 19		ter nature of injury in Part 1 or Part 2,	Item 18.)	
detached te Dept. of		21d INJURY OCCURRED 21e I While Not while at work of work	PLACE OF INJURY (AT HOME FARM STREET, FAC OFFICE BUILDING ETC.		a City or Town	County State	
should be cuth the State		22a. I certify that (!) (this saw the deceased all causes stated above	s hospital) attended the decease ive ont (I) (we) (did) (did not) view the l	ed fram, 19_ 9, ond that in (my) (our) op bady after death.	pinion death accurred on the da	te and hour ond fram the	
DIRECTO as 3 sho led with		226 SIGNATURE Vienne	a Alleston "	DEGREE ATTENDING PHYS	MED STAFF DIRECTOR PHYS D	DATE SIGNED	
Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-tror should be filed with the State Dept. of Heolth prior to buriol, crei		22d, PHYSICIAN'S NAME (Type)	ATT	22e ADDRESS	224 IOCATION (C)	(Caushi) (Casa)	
Poge 4 moy TO FUNERAL I director, pog shou'd be fill	230	BUR AL, CREMATION, 235. D. PENOVA DELEVI	MIBINAL STANDARCO FIRMA	CEMETERM OR CREMATORY	23d LOCATION (City or Jown)	(County) (State)	
30M REV.	J.	We proplant	was sured lawn	DATE DATE	N 2 U 1969 #		



14	Item6 Film Opivision of vital records, 301 W. Preston Street, Baltimore, Maryland 21201
FOR STATE	1/16/69 kkg 145" MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day Year 12h HOUR
	(Type or Print)
ny delay is 1, 2, and 3 ta m PM3. Page Department of	James M Willoughby DEATH MATED 1-5-69 172 05 DTM 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In yours 15 UNDER 1 YEAR 15 UNDER 1 YEAR 22, DATE PRONOUNCED DEAD 22 HOUR
ny delay 2, and 3 PM3. Pa Fartment	los aimágy) Months Days Hours Min Month Day Year
2, 2, pg	Male White 6-13-1898 7077 YRS 1 5 69 19 12 14 700M 70 BIRTHPLACE (State or foreign 70 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
= E 01 /	Country) x7
E Pages	10. CITY OR TOWN OF DEATH: 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 112b. KIND OF BUSINESS OR
after death 8. Give Pages 1, alang with farm with the Xtate De leath.	Cheverly Prince George Hospital Retired Baker
after 8. Givv alang with th	Cheverly Prince George Hospital Retired Baker 130 LSUAL RES DENCE (Where deceased .ived, furstitution Residence before) 3c. CITY OR TOWN 13d INSIDE CITY I MITS? 13e. STREET AND NUMBER
s after 18. Girls alang with death.	odmyssion Stall Prince George's Mt. Rainier YES 5 NO 4013 36th. Street
Office of	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	James Willoughby May Runquist
0 7	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give were or dates of service) 1226, 12, 4788
be executed within "pending in pending in pending in pending lexamination of the page and within 72 had event within 72 had	no
ed on the Edward of the Edward	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
be executed "pending in hief Medical E ansit permit. F event within	PART I DEATH WAS CAUSED BY minutes minutes
exe andi Me t pe t pe	DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown
be "pi "pi hief ansi	Canditions, if any, which gave (b) (b) (b)
uld ard aftr	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
shauld be en ward "per a the Chief of the ch	last (c)
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL O SEASE OR CONDITION GIVEN IN PART 1(0)
trifica tring ardeo ardeo ardeo	
verit arwal used mava	196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
D W	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES IN NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Yeor 21c HOW INJURY OCCURRED (Enter noture of injury in Port or Port 2, Item 18)
生 一	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port or Port 2, Item 18) HOUR A M
IINER: ne certifi shaufd files 3 shau,d	PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town County Stote
	WHILE AT WORK AT WORK AT WORK
유 등 의 주는 그	
ical E exector. Part for Part for CTOR: burnaf,	22a. I certify that I taak charge of the remains described above, held on Autopsy 🔀, Inspection 🐼, Inquiry 🗍, and in my apmian
please ey la rectar. retained DiRECTO or to bur	death resulted from Notifal causes 🔀 , Accident 🗌 , Suicide 🔲 , Hamkide 🔲 , Undetermined manner 🗌
y, plece y, plece retains tal Differ the prior	ACTUAL ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
ITY. ITY. erol be be pri	SIGNATURE A TOTAL SYSTEM AND THE STATE OF TH
TO DEPUTY, he funeral 5 may be 100 FUNERAL Health pri	NAME (Type) John Kehoe LD Riverdale Mid. ADDRESS(Street, city town, or county)
o the contract of the contract	230 BUR AL CREMATION 23 DATE 230 NAME OF CRMETERY OR CREMATORY 231 LOCATION (Cluster) (County) (Stote)
	Burial Jan 9, 1969 Ft Lincoln Cemetery Colmar Manor Pro Geo Md.
	24 FUNERA, DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 5 SIGNATURE
VR A15ME .51 10M REV. 1/68	F. Gasch's Sons Hyattsville Md. DATE A. 9 1969
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	803
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN For Month	Doy Yeor 2b. HOUR
	(Type or Print) OF ESTI- Frank Wolley DEATH MATED 1-12-	
P 30	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
any delay is 2, and 3 ta PM3. Page	Male Negro 11-14-1936 32 YRS. HOURS MIN Month Day	69 199:35 pm M
San Pri	70. BIRTHPLACE (State or foreign 7b. CHTIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Give Pages 1, 2 ng with farm th the State Dee	South Carolina U.S.A. WIDOWED DIVORCED Prince George's	Mi
ofter death 3. Give Page along with with the Star		2b. KIND OF BUSINESS OR NDUSTRY
- (O)	Cheverly Prince George Hospital	Government
haurs after Wem 18. Giv Office along I and 2 with after death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER	
		venue
24 haurs in fem 1 r's Office ss Tanaz rs after o	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Carolina Wolley Holman	lost
hin 24 ncil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within pencil caminel ile page 72 hau	(Yes, no, or unknown) (If yes give was or doles of service) Unk. Maomi Wolley-512 U St., NW Moth	ier
- iii ii	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
xecuted nding" ir Medical permit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laceration of brain	9 days
wed Med	814-7 DUE TO, OR AS A CONSEQUENCE OF Trauma - struck by car	7 4430
per ief insit	Conditions, if any, which gave	
vard vard re Ch al-tra any	rise to immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF	
should be en ward "per a the Chief burial-transit	(c).	
certificate should writing the ward srwarded to the Cl used as a burial-trn maval, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
iffico iting arde al, as	2	
is certificate, writing forward a forward or remayal,	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
The ed at	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 215. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
		1 (6.)
INER: e tert shaul files. 3 shou	PRIMARY OR CONTRIBUTING HOUR A.M. 3:25 pm 1-3- 19 69 Pedestrian struck by car 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town-	County State
XAMI bre the your byour cremi	fortory office building etc.)	
SICAL EXAMINER: se execute the certificator. Page 4 shauld ned for your files. ECTOR: Page 3 should buriol, cremation,	22a. I certify that I taak charge of the remoins described obove, held an Autopsy , Inspection , Inquiry ,	
CAL exe exe d fo d fo	death resulted from: Natoral causes, Accident &, Suicide, Homicide, Undetermined manner	
ITY DICA TY, please e erol director be retained RAL DIRECT priar to by	CHIEF MEDICAL EXAMINER	_
JITY please eral direct be retain. RAL DIRE priar to	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226, DATE SI	GNED
ony, nergy be ERA	EXAMINER'S DEPUTY MEDICAL EXAMINER 🔀	3-69
O DEPUTY SICAL EXAMINER: necessary, please execute the certif the funeral directar. Page 4 shauld 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should Health priar to burial, crematian, o	NAME (Type) John Kence MD Riverdale Md. ADDRESS(Street, city, town, or county)	
50 中 50 元	23a BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	County) (State)
	Burial 1-18-69 Harmony Memorial Park Prince George Md	
VR A15ME (5)	John T. Rhines Company Funeral Home	SNATURE
10M REV. 1/68	3015 12th Street, N. E. MAN 11 1505	00
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		01488	DIVISION OF	VITAL RECORDS, 30			ORE, MARYLAND	21201		
Common Co	1 0	CEASED-NAME Fin			RTIFICATE O			0.1	1482	
語		Abe at briut)		Middle	Last		a. DATE OF DEATH Month	Do Do	1969 Year	2b. HOUR
वर्ष	3. SE	ν	Glen 4. RACE	M	Wood		Jan.			4 A.M
74	3. 31				S. DATE OF		6. AGE (I	hday)		F UNDER 24 HRS. HOURS MIN
	7. (Male SIRTHPLACE (Stote or foreign	Caucas			4/1902		YRS.		
	tour	NRTHPLACE (Stote or foreign itry).	7b. CITIZEN OF WH.		MARRIED NEVER	HAKKILD	OUNTY OF DEATH			
	10.0	ITY OR TOWN OF DEATH	U.S.A.			VORCED P	rince Geo:	rge's		Md.
4			give st	ME OF HOSPITAL OR INSTITUTE (Treet address)		during most o	CCUPATION (Kind of volume of working life, even	vark done if retired.)	12b. KIND OF BI INDUSTRY	ISINESS OR
	13a.	Cheverly USUAL RESIDENCE (Where dece	ased lived, if institution			13d. INSIDE CITY LIMITS?				
6	admi	ssian) STATE Maryland	Prince	Conracts	Cottage Ci	YES NO	3700 B1	adensi	burg Road	d
	14. F	ATHER'S NAME First	Middle	Last	IS. MOTHER'S	MAIDEN NAME First		Middle		Lost
		Wade	H. Wood				rtha		Unkn	OWn
	16a.	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT			Address	3402	-
	_ Y	YAA	-	578-03-15	15 Atty	.Brady J	. Vrande	nbur	g- Bunl	cer
		18. CAUSE OF DEATH (Enter	anly ane couse per line	e far (a), (b), and (c).)		Hill	. Rd., Mt.	Rsin	110 P APPROXIMA	E INTERVAL
		DART & DEATH WAS CALLS	TED DV	cute Corona	ry Thrombo			Md.	DISTRICT UNIX	T AND UTAIN
		4100		S A CONSEQUENCE OF						
		Canditions, if any, which gove	e) (1) Rt	uptured Aor	tic Aneury	vsm.				
		rise to immediate cause (o) stating the underlying couse	, [A CONSEQUENCE OF		/				
		last.		eneralized	Arteriosci	lerosis.				
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
	z									
	CERTIFICATION	19a. DATE OF OPERATION 198	b. CONDITION FOR WHIT	CH OPERATION WAS PERFO	RMED 20a. AL	JTOPSY?			ONSIDERED IN CER	FIFYING
	THE				YES	ЖЖ ио □	CAUSES OF DEATH	165		
		21a. ACCIDENT WAS UNDERLY	ING 21b. TIME OF		21c. HOW INJURY	OCCURRED (Enter not	ure of injury in Port	or Port 2,	Item 18.)	
	DICAL	OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	Month Day Year						
	1	21d. INJURY OCCURRED 21i While Not while at work at wark	e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.	21f. LOCATION S	treet or R.F.D. No.	City or Town		County	State
		22a. I certify that (4)-(1	his hospital) atte	nded the deceased	rom Jan 7	1969	to Jan. 8	10	69 that A	1 (well last
		22a. I certify that (1) (1) saw the deceosed causes stated alpoy	alive on Jan	8 19.1	9, and that in	our (our) apinier	death accurred	an the do	ate and haur a	nd from the
			vex(*) (did) (did got) view the bad	y after death.					
		22b. SIGNATURE	(0,00		ATTEN			22ε.	DATE SIGNED	
		The	June	y	DEGREE PHYS.	DIRECT	OR STAFF	(X	Jan. 9	1969
		22d. PHYSICIAN'S NAME (Type)				ADDRESS				
		Lu	is Bentoli			nce Geo. G				
	23a.	0011011111 10 10 1	DATE		ETERY OR CREMATORY		d. LOCATION (City or		(County)	(State)
	7.4	the second secon	/13/69		ore Nst		Baltimo	re, Mo	O Company	-
-		funeral director Nall	.ey's Fur	neral ADDRMit. Mary	Rainier,		75 1369 25 P	KUDIKAKS	SHORALDKE O	261
ď	44	Trice		mar y		DATE			4	

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